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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

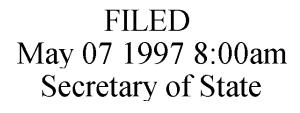
DOCUMENT # P9500069967 (4)

BRIC-A-BRAC'S, INC.

C/O SUSAN S. HARRIS 2238 ARBOUR WALK CIR. #1823

Mailing Address

C/O SUSAN S. HARRIS PO BOX 10852



| 1 14 51 5 51 110 10161 | Birtt MAIls Båit | . 16149 1811 | 8 81414 E884 IBBI |
|------------------------|------------------|------------------|-------------------|

| NAPLES FL 339 | M2 | NAPLES FL 34101-0852 | | | | |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| | | | | 3. Date Incorporated or Qualified 09/07/1995 | 3a. Date of Last Report 05/01/1996 | |
| | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 00 | Jusan S. HACKIS | | | 65-0615739 | Not Applicable | |
| Sulte, Apt. 22 2343 | 41,005.75,00,161 | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | les Florida | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | Country | Zip | Country | 8. This corporation has liability for | intangible tax under s. 199.032, | |
| 24 3411 | 10 25 COLLEC | | 30 | Florida Statutes | Yes No | |
| | 9. Name and Address of Current I | Registered Agent | | 10. Name and Address of New Re | gistered Agent | |
| | ris, susan s | | 81 Name | HACCIS SUSAN | < | |
| 2238 ARBOUR WALK CIR., #1823 | | | 82 Street | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| NAPLES FL 33942 | | | 23 | 2342 415 Sr. S. W. A-1 | | |
| | | | 83 | | | |
| | | | 84 City | | Ta-T | |
| | | | 84 0 (1) | 40/es | FL BUTTE | |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statute | es, the above-named | porporation automity this statement leads a | | |
| Office of r | egistered agent, or both, in the State of m familiar with, and accept the obligation | ⊟ lorida. Such change was a | authorized by the con | poration's board of directors. I hereby acce | pt the appointment as registered | |
| | | 510 01, 00001011 001.0005, 1 to | inda olaloids. | | | |
| SIGNATURE | Signature, typed or printed name of registered agents | and like if applicable (NOTE | : Registered Agent signature | required when reinstating) | DATE | |
| 12. | OFFICERS AND I | | 18. | ADDITIONS/CHANGES TO OFFI | | |
| TITLE | PT | ☐ DELETE | 11111[[| PONG LUCK TOWARLICON | Channe I Addition | |
| NAME | HARRIS, SUSAN S | i i | 1.2 NAME | HACCIS, SUSAC 2342 HIST ST. S.W | - / | |
| STREET ADDRESS | 2238 AUBOUR WALK CIRCLE #1 | 1823 | 1.3 STREET ADDRESS | 2342 415 ST. S.W | · H-1 | |
| CITY-ST-ZIP | NAPLES FL 33942 | | 1.4 CiTY-S1-ZIP | MAPles, F1. 34116 | | |
| TITLE | VS | DELETE | 2.1 THLE | vice President/ secret | Change Addition | |
| NAME | MILLER, JOSEPH L | _ | 2.2 NAME | Miller Toseph. | 1 Commission Commission | |
| STREET ADDRESS | PO BOX 10717 N/A | | 2.3 STREET ADDRESS | Millor Joseph N/A | | |
| CITY-ST-ZIP | NAPLES FL 33941 | | 2. 4 CITY - S1 - ZIP | Camdenton, Mo. 6502 | ^ | |
| TITLE | | DELETE | 3.1 111116 | CHINDELLION, 1110. 6300 | Change Addition | |
| NAME | | L vittere | 3.2 NAME | | C Change [] Addition | |
| STREET ADDRESS | | | | | | |
| | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP TITLE | | DELETE | 3.4. CITY - ST - 7IP | | T 05 T 1.222 | |
| NAME | | CJ VICE IE | 4.1 TITLE | | Change Addition | |
| - | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | Drift in | 4.4 CHTY - S1 - ZIP | | | |
| TITLE | | L DELETE | 5.1 TITLE | | Change Addition | |
| NAME | | | 5 2 NAME | <u> </u> | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIP | | | |
| TITLE , | | ☐ DELETE | 6.1 TITLE | | Change Addition | |
| NAME . | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | |
| 14. I do hereb | by certify that the information supplied v | vith this filing does not qualify | y for the exemption s | tated in Section 119.07(3)(i), Florida Statute | s. I further certify that the | |
| I am an oi | n indicated on this annual report or sup ficer or director of the corporation or th n Block 12 or Block 13 if changed, or or | e receiver or trusten emnowe | ared to execute this r | I that my signature shall have the same lega report as required by Chapter 607, Florida S | ii effect as if made under oath; that Statutes; and that my name | |
| | | 1 | | 4 | | |