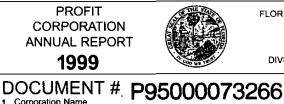
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

BRINY ENTERPRISES, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## FILED May 05, 1999 8:00 am Secretary of State **Katherine Harris**

05-05-1999 90033 033 \*\*\*150.00

|--|

Principal Place of Business Mailing Address						1811 F W W LEI L W W W W L E I L W T I I	BIM Militm mitt imm!
225 EDMOR ROAD WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405					DO NOT WRITE	IN THIS SPACE	
					<ol> <li>Date Incorporated or Qualifed 09/20/1995</li> </ol>		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<i></i>	Applied For
21		26			NOT APPLICABLE		Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State	e	City & State			Election Campaign Financing     Trust Fund Contribution		May Be d to Fees
Zip			Country		8. This corporation owes the current year Intangible		
24	25 29 30		0			□No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Reg	istered Agent	
VIFA.	EL LVAINE D		81	Name			
KIESEL, LYNNE P 225 EDMOR ROAD			82	Street Ad	Address (P.O. Box Number is Not Acceptable)		
WES	T:PALM BEACH FL 33405		83				
			84	'		FL	Code
Office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	orized by	the corpora	rporation submits this statement for the put stion's board of directors. I hereby accept the	rpose of changing in ne appointment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	egistered Age	nt signature requ	uired when reinstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	e 🔲 Addition
NAME	KIESEL, LYNNE P		1.2 NAME				
STREET ADDRESS	LEG COMOTI HOLD		1.3 STREE	TADDRESS			i
CITY-ST-ZIP			1.4 CITY-S	ST-ZIP			
TITLE	D	☐ DELETE 2.1 TT				Change	e 🔲 Addition
NAME	KIESEL, JOHN C 2.2 N		2.2 NAME	İ			ĺ
STREET ADDRESS	<b>_</b>		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	WEAT BALLA BEACH EL GOLGE		2. 4 CITY-1	ST-ZIP			
TITLE			3.1 TITLE			☐ Change	e
NAME	32 N		3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP	3.4. C		3.4. CITY-1	ST-ZIP		•	
TITLE	☐ DELETE 4.1 TI		4.1 TITLE			Change	e 🗌 Addition
NAME			4. 2 NAME				ļ
STREET ADDRESS			4.3 STREE	TADDRESS			;
CITY-ST-ZIP				ST-ZIP			
TITLE			5.1 TITLE			☐ Chang	e 🗀 Addition
NAME			5.2 NAME				
STREET ADDRESS				TADORESS			
CITY-ST-ZIP			5.4 CITY- S	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	e Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			Ì
CITY-ST-ZIP			6.4 CITY-5				
14 I hereby c	ertify that the information supplied wi	th this filing does not qualify for the	ne exempl	tion stated in	n Section 119.07(3)(i), Florida Statutes. I fu	rther certify that the	e information

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 transped, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**