FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # "P9600003961 (5)

BRYNTESON GEORGIA ENTERPRISES, INC.

Principal Place of Business	,
6235 HAVERHILL RD	

Mailing Address

6235 HAVERHILL RD LAKE WORTH FL 33463-7298

FILED Jun 03 1997 8:00am Secretary of State

3. Date Incorporated or Qualified	3a. Date of Last Report

01/09/1996

2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number				Ap	plied For	
21		26					65-0636378		No	t Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75		
22		27				.,	D. Commone of Blance Doubles		Fee Re	quired	
City & State	е	City & State					6. Election Campaign Financing		\$5.00		
23		28					Trust Fund Contribution	Ц	Added t	o Fees	
Zip	Country	Zip		Count	У		B. This corporation has liability for		_	199.032,	
24	25	29		30			1		∐ No		
	9. Name and Address of Current	8	1 Name		10. Name and Address of New R	egisterea A	agent	~~~			
	NTESON, JENS E			l°	Name	,					
	5 HAVERHILL RD			8:	82 Street Address (P.O. Box Number is Not Acceptable)						
LAK	E WORTH FL 33463			-							
				8:	3						
				8	84 City						
					<u> </u>			<u>FL</u>			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered											
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE											
	Signature, typed or printed name of registered agont	· · · · · · · · · · · · · · · · · · ·	ble. (NOTI		gent signatu	re required	d when reinstating)	DATE	NIBERTAR	X11.72	
12.	OFFICERS AND		- I proces	13.		-T	ADDITIONS/CHANGES TO OFFI	CERS AND			
TITLE	The Grynteson + UP#		DELETE	1.1 71FLE					☐ Change	☐ Addition	
NAME	Caribbean Couldry,	Inc -	67	1.2 NAMI							
STREET ADORESS	6238 HAWERIUL RO	ž 27//. Š	1 120								
CITY-ST-ZIP	lake worth, Fla.	3346	J	1.4 CITY							
TITLE	Ferrete, Brynte 6235 Haverhill Ra Cafle Worth, FT	son	DELFTE	21 TITLE					Change	Addit-on	
NAME	6235 Haverhill Ra	t	22 N								
STREET ADDRESS	lavo worth FT	3346	<i>,</i> 3	2 3 S1RE	et address						
CITY-ST-ZIP	cupa testing	· · · · · ·		2. 4 CHTY							
TITLE -			DELETE	3.1 TITLE					Change	Addition	
NAME				3.2 NAM	-						
STREET ADDRESS				3.3 S1RL	et address						
CITY-ST-ZIP				3 4. CITY					—		
TITLE			☐ DELETE	4.1 TOLE					Change	Addition	
NAME				4. 2 NAM	Ė						
STREET ADDRESS				4.3 STRE	ET ADDRESS						
CITY-ST-ZIP				4.4 CITY				//	4		
TITLE			☐ DELETE ·	5.1 TITLE					Change	Addition	
NAME				5.2 NAM					1/	/_	
STREET ADDRESS				5.3 STRE	et address			W)/	p/ (1	'GA	
CITY-ST-ZIP				5.4 CITY				4//	73/	7 7	
TITLE			DELETE	6.1 TITLE				\mathcal{U}	☐ Change	Addition	
NAME			* ,	6.2 NAM			4				
STREET ADDRESS			:	6.3 STRE	et adoress		A. K. O. O. O. O. IL. C. C.	00			
CITY-ST-ZIP				6.4 CITY			Bank Dep 165				
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the 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 if changed, or on an attachment with an address.											