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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000025277 (0)

BRENDA BRINN, INC.

Principal Place of Business	do

Mailing Address

## FILED Feb 28 1997 8:00am Secretary of State



1721 RYAN DRIVE 1721 RYAN DRIVE LUTZ FL 33549-4018								
						3. Date Incorporated or Qualified 03/15/1996	3a. Date of Las	Peport 196
	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				65-06568	39	Not Applicable
Suite, Apt. #, etc.       Suite, Apt. #, etc.         22       27         City & State       City & State         23       28						5. Certificate of Status Desired	\$8.7	5 Additional Required
						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
				Country 0		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Currer	it Registered Agent				10. Name and Address of New Re	gistered Agent	
BRII	NN, BRENDA E		8	1 1	Name			
1721 RYAN DRIVE				2 5	Street Addre	ress (P.O. Box Number is Not Acceptable)		
	ZFL 33548 8 - 4018		8	3				
	•		8		City		FL [T]	ip Code
office or r	to trie provisions of Sections 607.050 egistered agent for both, in the State m familiar with, and accept the oblig	of Florida. Such change was a	uthorized I	ov th	named corporation	oration submits this statement for the pon's board of directors. I hereby accep	urpose of changing the appointment	g its registered as registered
SIGNATURE	• /							
<u> </u>	Signature, typed or panted name of registerial age			gent s	signature require	id when reinstating)	DATE	
12.	OFFICERS AN	·····	13.		<del></del>	ADDITIONS/CHANGES TO OFFIC		
TITLE NAME	BRENDA BRINN		l l	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			Chang	ge Addition
STREET ADDRESS CITY-ST-ZIP								
MLE	SELEKTORY INPENDEEL DELETE 2		21 TITLE				☐ Chang	e Addition
NAME	NUS KINHOLDES		2.2 NAM	£				_
STREET ADDRESS	130 KHAN DR	LUTZPL	2.3 STREET ADDRESS		ORESS			
City - ST - ZIP	Karas u n 10		2. 4 CITY			<b>#</b>	, +st #	<b></b>
Title			3.1 TITLE		-:-		☐ Chang	e Addition
NAME			3.2 NAM					
STREET ADORESS			3.3 STRE		DRESS			
CITY-ST-ZIP			3.4. CITY					
TITLE		DELETE 4.1		••••••			Chang	e Addition
NAME			4. 2 NAM					
STHEET ADDRESS			4.3 STRE		ORESS			
CITY-S1-ZIP			4.4 CITY					
TITLE		☐ DELETE	5.1 TITLE		-		Chang	e Addition
NAME			5.2 NAM	£		•	•	
STREET ADDRESS			5.3 STRE		DRESS			
C/TY+ST-ZIP			5.4 CITY					
1111.6		DELETE	6.1 TITLE	****	<del></del>		Chang	e Addition
NAME			6.2 NAM					
STREET ADDRESS			6.3 STRE		DRESS			
CHY-ST-ZIP			6.4 CITY					
	sy cortily that the information europlic	d with the tiling dose not qualit	y for the ex	on-L	otion stated	in Section 119.07(3)(i), Florida Statutei	a I further portify th	

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.

SIGNATURE

SIGNATURE AND WHED OR PRINTED WAME OF SIGNING OFFICER OF DIRECTOR

7 8/39 490 220
Davime Phone