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

Mailing Address

503 N. ORLANDO AVE., STE, 105

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business

503 N. ORLANDO AVE., STE. 105



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000029192 (7)

BRANDY CREEK DEVELOPMENT CO.

| COODA BEACH | 1 FL 32831 | COCOUA BEACH PL | COCCUA BEACH FL 32831-3171 | | ł | | | |
|----------------------|--|-----------------------------|----------------------------|--|--|------------------|---------------|---|
| | | | | | 3. Date Incorporated or Qualift 04/02/1996 | ied 3a. Dat | e of Last F | Roport |
| 2. Principal F | Place of Business | 2a. Mailing Addre | 888 | | 4. FEI Number | | TAI TAI | oplied For |
| ภ | | 26 | | | 59-3374415 | | N N | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, | etc. | | F. G. W | | \$8.75 | Additional |
| 2 | | 27 | | | 5. Certificate of Status Desired | لسا | Fee R | equired |
| City & Stat | 6 | City & State | | | 6. Election Campaign Financin | g | \$5.00 | May Be |
| 23 | | 28 | | | Trust Fund Contribution | | | to Fees |
| Zip | Country | Zip | | ountry | 8. This corporation has liability | for intangible t | ax under s | . 199.032, |
| 24 | 25 | 29 | 30 | | Florida Statutes | X Yes | No | |
| | 9. Name and Address of Curren | t Registered Agent | | | Name and Address of Nev | v Registered A | gent | |
| SHO | emaker, John B | | | 81 Name | | | | |
| 503 | N. ORLANDO AVE., STE. 105 | | | 82 Street | Address (P.O. Box Number is Not Acce | entable) | | |
| COCOA BEACH FL 32931 | | | | Street Address (F.O. Box Number is Not Addeptable) | | | | |
| | | | | 83 | | | | |
| | | | | 101 | | | Ta=T == | |
| | | | | 84 City | | FL | 85 Zip | Code |
| 11. Pursuant | to the provisions of Sections 607.050: | 2 and 607,1508. Florid | a Statutes, the | above-named | corporation submits this statement for to poration's board of directors. I hereby a | | chanoino i | ts registered |
| office or i | registered agent, or both, in the State am familiar with, and accept the obliga | of Florida, Such chang | go was authori | red by the corp | poration's board of directors. I hereby a | ccept the appo | intment as | registered |
| • | am lamiliar with, and accept ing obliga | tions of, section 607.t | Jouo, Florida a | tatutes. | | | | |
| SIGNATURE | Signature, lyped or printed name of registered age: | it and title if applicable. | (NOTE: Regist | erod Apent signature | required when reinstating) | DATE | | |
| 12. | OFFICERS AND | | <u> </u> | | ADDITIONS/CHANGES TO O | | DIRECTOR | RS IN 12 |
| TITLE | D | DE I | .ETE 1.1 | TITLE | OP | 7 | Change | Addition |
| NAME | KODSI, ALBERT | | 12 | NAME | Kodsi, Albert | | • | • |
| STREET ADDRESS | 503 N. ORLANDO AVE., STE. 1 | 05 | 13 | | 503 N. Orlando Av | e. STF | 105 | |
| CITY-ST-ZIP | COCOA BEACH FL 32931 | | | | Cocoa Beach, Fl. | | , 103 | |
| TITLE | D | DE | | TITLE | DV | | Change | Addition |
| NAME | ANDERSON, RODGER L | _ | - I | | Anderson, Rodger | | p. | July |
| STREET ADDRESS | 1500 LEE ROAD, STE. 116 | | 1 1 | STREET ADDRESS | 1500 too Bood Cm | 10 10 11 1 C | | |
| CITY-ST-ZIP | ORLANDO FL 32810 | | | A DITEL I ADDRESS | 1500 Lee Road, ST | E TTO | | |
| TITLE | n | D ot | | 4 CITY - ST - ZIP | Orlando, Fl. 3281 | u J | Change | Addition |
| NAME . | SHOEMAKER, JOHN B | المار ال | | | | Α. | Onlings | ₩1 MORIO |
| | 503 N. ORLANDO AVE., STE. 1 | ńξ | 1 | | John B. Shoemaker | _ | | |
| STREET ADDRESS | COCOA BEACH FL 32931 | 05 | | I STREET ADDRESS | 503 N Orlando Ave | STE | 105 | |
| CITY-ST-ZIP | LULUA DEAUTI FL 32931 | | | I. C/TY-ST-ZIP | Cocoa Beach, Fl. | 32931 | 70000 | 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| TITLE | | ∐ DE | | TITLE | , | L | Change | Addition |
| NAME | | | 4. | 2 NAME | | | | |
| STREET ADDRESS | 1 | | 1 43 | STREET ADDRESS | | | | |

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 early 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 or an attachment with an address. 4/7/97 11 Olli John B. Shoemaker

4.4 CITY-ST-7IF

5.3 STREET ADDRESS

5.4 OITY - ST- ZIP

5.1 1ITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME

407-784-3266

Change

Change

Addition

Addition

FILED

May 08 1997 8:00am

Secretary of State