SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 📑

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000055878 (8)

DAVID A. BRENER, P.A.

FILED Aug 21 1997 8:00am Secretary of State

Principal Place of Business Mailing Address								
23123 STATE ROAD 7 STE 300-D BOCA RATON FL 33428		23123 STATE ROAD 7 STE 300-D BOCA RATON FL 33428					•	
		DOOR INTON 1E 35420				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 06/28/1996	3a. Date of Last R	eport
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	L. IAr	plied For
21		26				1650683637	·	t Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	
22		27				b. Certificate of Status Desired	Fee Re	quired
City & State		City & State				6. Election Campaign Financing	\$5.00	
Zip Country		Zip Country				Trust Fund Contribution	Added to	
一 `	h-m-ma		1 1			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24 25 29 30 9. Name and Address of Current Registered Agent						10. Name and Address of New Reg		1110
BRENER, DAVID				81	Name			
23123 STATE R		}	82	Ctroot Adden	et Address (P.O. Box Number is Not Acceptable)			
BOCA RATON F			02	Sheet Woole				
			Ì	83				
			-	84	City			
					•		- FL '	Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, to office or registered agent, or both, in the State of Florida. Such change was autho agent. I am familia: with, and accept the obligations of, Section 607.0505, Florida 					the corporation	oration submits this statement for the proofs to board of directors. I hereby accep	rpose of changing it the appointment as	s registered registered
SIGNATURE David A. The Solid accept the obligations of, Section 607.0505, Piorida Statutes. 8/18/97								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg				Agen	nt signature require	d when reinstating)	DATE	
12.	OFFICERS AND D		13.		···	ADDITIONS/CHANGES TO OFFICE		(
MANA David A. Brench P DELETE				1.1 TITLE			☐ Change	☐ Addition
33123 Step (1)7 Step 200			1.2 NA	1.2 NAME				
STREET ADDRESS CITY-ST-ZIP BOCA	N-1	72450			ADDRESS			إ
OITY-ST-ZIP OCCA RATON, FT.		S > 7 J Y	1.4 CITY-ST-7II DELETE 2.1 TITLE		- ZiP		Change	T Addition
NAME		OLECTE					L Change	Addition
STREET ADDRESS			2.2 NAM 2.3 STRI		IDDDF00			
CITY-ST-ZIP		•						
TITLE	DELETE		2 4 CITY-ST-ZIP 3.1 TITLE			☐ Change	Addition	
NAME			3.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			3.4. CIT					
TITLE		☐ DELETE	4.1 1(1)				☐ Change	Addition
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STF	EET A	NODRESS			
CITY-ST-ZIP			4.4 CI1	¥-S1-	- ZIP			
TITLE		☐ DELFTE	5.1 TH	LE			☐ Change	Addition
NAME			5.2 NA	ME				
STREET ADORESS			5.3 \$18	ŒET A	ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CIT		- ZIP			
TITLE		☐ DELETE	6.1 TITE				☐ Change	☐ Addition
NAME			6.2 NAI					[
STREET ADDRESS					DDRESS			
City-St-ZiP 14 do hereby certify that the	e information supplied u	ith this filing does not au	6.4 CIT			in Section 119 D7(3Vi). Florida Statutes	I further continues that	ho

I do nereby 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.