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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000072999 (1)

BREW C	ONSTRUCTION, INC.							
Principal Place of	Business	Mailing Address				I respined to thirt bill and a fill serie abili the	A 11616 (6119 .	
203 E SAILFISH DRIVE 203 E SAILFISH DRIVE ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233						DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualified 09/04/1996		
2. Principal Place	of Business	2a. Mailing Address	2e. Mailing Address			4. FEI Number	Applied For	
21		26	26			59-3400981	Not Applicable	
Suite, Apt. #, 6	itc.	Suite, Apt. #, etc.	_ 			5. Certificate of Status Desired		Additional tequired
City & State		City & State	· <u></u>		-	Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	—	Country		8. This corporation owes or has paid the curr		
24	[25]	20	30					No
	 Name and Address of Curr GEORGE K 	ent Registered Agent		81	Name	10. Name and Address of New Registered /	<u>ugent</u>	
	: Bay St ∲1020 Sonville FL 32202			82 63		dress (P.O. Box Number is Not Acceptable)		
11. Pursuant to the office or regis	ne provisions of Sections 607.0: stered agent, or both, in the Sta	502 and 607.1508, Florida State of Florida. Such change wa	itutes, the	above zed by	City a-named cor the corpora	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appropriate the submits th	1 1 1	Code its registered s registered
SIGNATURE	alure, typed or printed name of registered i					uked when reinstating) DATE		
12.		ND DIRECTORS		3.	The second reco	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	P	DELETE		1 TITLE			Change	☐ Addition
NAME	WARREN, BREW		1.0	2 NAME	1		•	
STREET ADDRESS	203 SAILFISH DR E ATLANTIC BEACH FL				ADDRESS			
CITY-ST-ZIP	AIDAINO BEAGITTE	DELETE		4 CITY-S 1 TITLE	1 · ZIP		Change	Addition
			1	2 NAME			Orango	Las Petorion
NAME STREET ADDRESS			J		ADDRESS			
				4 CITY-5				
CITY-ST-ZIP		DELETE		4 CHY-E	ol-Elf.		Change	Addition
NAME		E DECEN		2 NAME			Territoria de	- FRANKINI
					1000000			
STREET ADDRESS	1°				ADDRESS			
CITY-ST-ZIP		DELETE		4. CITY-5	11-ZIP		☐ Change	Addition
TITLE		C DELETE	1 .	1 TITLE	1		L Charige	

14. I 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 prade under oath; that I am an officer or director of the corporation or the occiver or trustee enforcement this report as required by Chapter 607, Florida Statutes and that my name appears in Block 13 if changed by on any attachment with an address.

4.3 STREET ADDRESS

4.4 City-St-ZiP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.2 NAME

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

City-St-ZIP

TITLE NAME

NAME

☐ Change

☐ Change

Addition

FILED

Mar 19 1998 8:00am

Secretary of State