

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90143 040 ***150.00

DOCUMENT # P96000077348

1. Corporation Name
BRENRON ENTERPRISES, INC.

Principal Place of Business
7944 JUNIPER STREET
MIRAMAR FL 33023

Mailing Address
7944 JUNIPER STREET
MIRAMAR FL 33023



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1996

4. FEI Number
65-0696252

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1936 TAFT STREET

Suite, Apt. #, etc.

22 City & State
23 HOLLYWOOD, FL

24 Zip 33020 25 Country USA

2a. Mailing Address

26 1936 TAFT STREET

Suite, Apt. #, etc.

27 City & State
28 HOLLYWOOD, FL

29 Zip 33020 30 Country USA

9. Name and Address of Current Registered Agent

FINKHOUSE, BRENDA
7944 JUNIPER ST
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name FINKHOUSE, BRENDA

82 Street Address (P.O. Box Number is Not Acceptable)
1936 TAFT STREET

83

84 City HOLLYWOOD FL 85 Zip Code 33020

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 registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Brenda Finkhouse

BRENDA FINKHOUSE

4/21/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☒ DELETE
NAME FINKHOUSE, BRENDA J
STREET ADDRESS 7944 JUNIPER STREET
CITY-ST-ZIP MIRAMAR FL 33023

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD ☒ Change ☐ Addition
1.2 NAME FINKHOUSE, BRENDA
1.3 STREET ADDRESS 1936 TAFT STREET
1.4 CITY-ST-ZIP HOLLYWOOD, FL 33020

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: Brenda Finkhouse SIGNATURE REQUIRED BRENDA FINKHOUSE 4/21/99 305 892 1816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

0287757