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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000084291

BRETT JAMES CORPORATION

FILED Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90003 008 ***150.00

Principal Place of Business Mailing Address 2927 RHONE DRIVE 2927 RHONE DRIVE PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/10/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0699913 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent TITTLE, JAMES D Street Address (P.O. Box Number is Not Acceptable) BEVERLY & TITTLE PA 823 NO OLIVE AVENUE 83 WEST PALM BEACH FL 33401 Zip Code 84 City 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 of 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, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE TITLE WEINSTEIN, HARRIS NAME 1.2 NAME 2927 RHONE DRIVE STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE ☐ Addition 2.1 TITLE ☐ Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP ☐ DELETE ☐ Addition 31 TITLE 3.2 NAME 30 四直 6.3 3.3 STREET ADDRESS STREET ADDRESS KO OLDE WY CITY-ST-ZIP 3.4. CITY-ST-ZIP Change: ☐ DELETE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP □ DELETE Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE ☐ Change Addition 2427 使心脏失知的 NAME 6.2 NAME 6.3 STREET ADDRESS 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.

CR2E034 (11/98)