

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

FILED

Jan 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000086017 (6)

1. Corporation Name
BRICOL ENTERPRISES, INC.



Principal Place of Business 400 CLEVELAND STREET CLEARWATER FL 34615	Mailing Address 400 CLEVELAND STREET CLEARWATER FL 34615-4003
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2. Principal Place of Business 21 334 East Lake Road Suite, Apt. #, etc. 22 Suite 252 City & State 23 Palm Harbor, FL Zip 24 34685 Country 25 USA		2a. Mailing Address 26 334 East Lake Road Suite, Apt. #, etc. 27 Suite 252 City & State 28 Palm Harbor Zip 29 34685 Country 30 USA		3. Date Incorporated or Qualified 10/17/1996	3a. Date of Last Report Initial
		4. FEI Number 59-3217235		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent RAYMOND, J P 400 CLEVELAND STREET CLEARWATER FL 34615		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSD <input type="checkbox"/> DELETE	NAME COLLARD, BRIAN	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 334 E LAKE ROAD STE 252		1.2 NAME	
CITY - ST - ZIP PALM HARBOR FL 34685		1.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE	NAME AS RAYMOND, J. PAUL	1.4 CITY - ST - ZIP	
STREET ADDRESS 400 CLEVELAND STREET, #900		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP CLEARWATER, FL 34615		2.2 NAME	
TITLE <input type="checkbox"/> DELETE		2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY - ST - ZIP	
CITY - ST - ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		4.4 CITY - ST - ZIP	
STREET ADDRESS		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP		5.2 NAME	
TITLE <input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY - ST - ZIP	
CITY - ST - ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 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 attached report with an address.

SIGNATURE:  **Brian Collard, President** 1/27/97 (813) 787-9577

CR2E034 (9/96)