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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091290 (2)

BRICK INVESTMENT PROPERTIES, INC.

Principal Place of Business Mailing Address **600 SW 4 AVE** 600 SW 4 AVE FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33315 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 11/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0720170 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name THYRRE, BRENDA L 8040 SW 18 PL Street Address (P.O. Box Number is Not Acceptable) *OAVIE FL 33324 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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 chango 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 (NOT) Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CRZE034 (10/97 12. 13. DELETE Change TITLE 1.1 THLE WRIGHT, RICHARD D SR NAME 1.2 NAME 8040 SW 18 PL STREET ADDRESS 1.3 STREET ADDRESS DAVIE FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Addition 2.1 TITLE Change TITLE THYRRE, BRENDA L 2.2 NAME NAME 8040 SW 18 PL STREET ADDRESS 2.3 STREET ADDRESS DAVIE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DEL ETE 3.1.1111.0 Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE

14. Thereby 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.

4.2 NAME

5.1 TITLE

5.2 NAME

61 TITLE 62 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

SIGNATURE: BLENDA MENLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

5-4-98 (954)523-9395

Change

Change

Addition

Addition

FILED

May 19 1998 8:00am

Secretary of State