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 # P97000018085 (5)

BRAND	'S RESTORATIONS, INC.	()				
Principal Plac	e of Business	Mailing Address			AARI BUKUI 11001 FURI) BUKU 10101 USI 1901	
1015 HAWATHA PLACE HOLIDAY FL 34691		30 NORTH RING AVENUE SUITE 400 TARPON SPRINGS FL 34689		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 02/25/1997		
2. Principal P	Place of Business	2a. Mailing Address	2 . 0 .	4. FEI Number	Applied For	
21		26 PO BOX 3	1071	59-3429483	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State 28 HOLIOAY FL		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip On OnCa	Country	8. This corporation owes or has p	aid the current year Intangible	
24	25 29 34690-0091 30 USA		Personal Property Tax due June 30. 🔀 Yes 🔲 No			
	9. Name and Address of Curre	nt Registered Agent	- last ii	10. Name and Address of New R	egistered Agent	
Numio, aconac ii ead			81 Name J.	JAMES R. BRAND		
30 NORTH RING AVE			82 Street Addr	ess (P.O. Box Number is Not Accepta	ible)	
SUITE 400 TARPON SPRINGS FL 34689			83 1015	83 1015 HIAWATHA PLACE		
17411 911 011111100 1 2 0 1000			84 City ,	MANUAL TOTAL	85 Zip Code	
			HOL	10AY	FL 34671	
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.						
i	am familiar with and accept the oblig	gations of, Section 607.0505, Flori JAMES K. BA			4/24/98	
SIGNATURE	Signature typed or printed name of pylistered as		Registered Agent signature requir		DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFE	CERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE		Change Addition	
NAME	Brand, James R		1.2 NAME			
STREET ADDRESS	1015 HIAWATHA PLACE		1.3 STREET ADDRESS			
CITY-ST-ZIP	HOLIDAY FL 34691	D DELETE	1.4 CITY-ST-ZIP			
TITLE	D BDAND OUDICTORUED N	☐ DELETE	2.1 TITLE		Change L Addition	
NAME OTOGET ADODEDS	BRAND, CHRISTOPHER N 1015 HIAWATHA PLACE		2.2 NAME			
STREET ADORESS CITY-ST-ZIP	HOLIDAY FL 34691		2.3 STREET ADDRESS 2.4 CITY-S1-ZIP			
TITLE	TIOLIOAT IL OTOUT	DELETE	3.1 TITLE		Change Addition	
NAME		•	3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME	•		4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		The state	4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADORESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELÉTE	5.4 CITY-ST-ZIP		Change Addition	
NAME		لے مدیرات	6.1 TITLE 6.2 NAME		C eveniña C Maderan	
STREET ADDRESS			6.3 STREET ADDRESS			
STREET NUMESS	,*		0.5 STREET MUDICESS			

14. 1 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.

JAMES R. BRAND

813-848-2213

FILED

May 04 1998 8:00am

Secretary of State