**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000049783

1. Corporation Name

BRICK MARKERS H.S.A., INC.

Dinort	value o o o o o o o o o o o o o o o o o o o								
Principal Place of Business		Mailing Address						1 18389 IIII 1891	
3845 INVESTMENT LANE		3845 INVESTMENT LANE							
RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404						DO NOT WRITE IN THE	SPACE	•	
						3. Date Incorporated or Qualifed	J OF ACE		]
						06/04/1997			
Principal Place of Business 21		2a. Mailing Address 26				4. FEI Number	A	oplied For	1 :
						65-0783070	N	ot Applicable	] :
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
22		27			•	J, Cordicale of Contab Booking		equired	1
City & State		City & State				6. Election Campaign Financing		May Be	ĺ
23	0	28	C=-			Trust Fund Contribution		to Fees	┨
Zìp	Country	Zip	30	intry		This corporation owes the current year Ir     Personal Property Tax.	tangible Yes	□No	
24	9. Name and Address of Current	29 Agent	[30]	ī		10. Name and Address of New Registered			1
	5. Name and Address of Carrent	riogistorea Agent		81	Name	to, realise and re			1
	CK, SHARON					(0.0.0)			┨
	5 INVESTMENT LANE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	. rov. r vi - i mena	t taken to set asset	
RIVI	ERA BEACH FL 33404			83		福見 計算機 电通道路路			1
				84	<u> </u>	45 42 13 13 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	\$1.4 (A) 16%		┨
				84	City	Fl	85 Zip	Code	
office or	registered agent, or both, in the State c am familiar with, and accept the obligati	of Florida. Such change was a ions of, Section 607.0505, Flo	authorized orida Stat	d by th utes.	he corporation	oration submits this statement for the purpose of its board of directors. I hereby accept the appoint the purpose of the purpo	intment as re	egistered	-
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	- Agent	signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	1 3
TITLE	D	☐ DELETE	1.1 TI	TLE	<u> </u>	27 (1.52.7)	☐ Change	Addition	
NAME	RIECK, SHARON		1.2 N			er og viller er e			
STREET ADDRESS	AAAE INDICATIACIT LANC		1.3 5	TREET	ADDRESS	•			13
CITY-ST-ZIP	RIVIERA BEACH FL 33404		1.4 CI	TY-ST-	ZIP			•	
TITLE	D	☐ DELETE					Change	☐ Addition	13
NAME	RIECK, ALBERT S	, ALBERT S		2.2 NAME		· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS	3845 INVESTMENT LANE		2.3 S	TREETA	ADDRESS				
CITY-ST-ZIP	RIVIERA BEACH FL 33404		2.40	ITY-ST-	ZP		<u>، شب وسالت</u>	<u> </u>	]
TITLE .		☐ DELETE	3.1 Tf	TLE			☐ Change	Addition	
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S1	reet A	ADDRESS	<b>34.往</b> 等。 "有国籍"的"我们性。	1. 1500 Ja	HOAT HE HAR	
CITY-ST-ZIP	•		3.4. C	ITY-ST-	ZIP			. 图 数 图 图	1
TITLE			4.1 TI	ΠF				Addition	
NAME .		☐ DELETE	4.11			that the same sign	Change		L
STREET ADDRESS		☐ DELETE	4. 2 N			Cold to the original and a second assets	. Change		1 ~
CITY-ST-ZIP		☐ DELETE	4. 2 N 4.3 ST	IAME TREET A	ADDRESS	The state of the s	. Of Change:	• :	`
TITLE			4. 2 N 4.3 ST 4.4 CI	IAME TREET A		Elizabeth San	·	Addition	
NAME		☐ DELETE	4. 2 N 4.3 ST 4.4 CI 5.1 TI	IAME TREET A TY-ST- TLE		The second secon	. ☐ Change	Addition	
			4. 2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N	IAME TREET A TY-ST- TLE AME	ZIP	Color to the color of the color	·	Addition	-
STREET ADDRESS			4. 2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N 5.3 ST	TREET ATTY-ST- TLE AME	ZIP		·	Addition	
CITY-ST-ZIP		☐ DELETE	4. 2 N 4.3 S1 4.4 C1 5.1 TT 5.2 N 5.3 S1 5.4 C1	IAME TY-ST- TLE AME TY-ST- TREET A	ZIP	The second secon	Change		
CITY-ST-ZIP TITLE			4. 2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N 5.3 ST	IREET A TY-ST- TLE AME TY-ST- TREET A TY-ST-	ZIP		·	Addition	
CITY-ST-ZIP		☐ DELETE	4. 2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N 5.3 ST 5.4 CI 6.1 TI 6.2 N	IAME TY-ST- TLE AME TY-ST- TLE TY-ST- TLE	ZIP		Change		

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.

6.4 CITY-ST-ZIP

Feb 15, 1999 8:00 am Secretary of State

02-15-1999 90013 015 \*\*\*150.00