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Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90066 047 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000066282**

1. Corporation Name  
**BREWSTER INCORPORATED**

Principal Place of Business 2401 EUSTON RD WINTER PARK FL 32789	Mailing Address 2401 EUSTON RD WINTER PARK FL 32789
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2401 EUSTON RD</b>	2a. Mailing Address 26 <b>SAMB</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>WINTER PARK FLA</b>	City & State 28
Zip 24 <b>32789</b>	Country 30
County 25 <b>ORANGE</b>	Country 29

3. Date Incorporated or Qualified <b>07/28/1997</b>	
4. FEI Number <b>59-3463406</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

b. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>KAWAGUCHI, PAUL H</b> <b>2401 EUSTON RD</b> <b>WINTER PARK FL 32789</b>		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
		83	
		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 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: *[Signature]* DATE: **1-10-99**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAWAGUCHI, CAROLYN B</b>	1.2 NAME	
STREET ADDRESS	<b>2401 EUSTON RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAWAGUCHI, ANTHONY K</b>	2.2 NAME	
STREET ADDRESS	<b>2401 EUSTON RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAWAGUCHI, PATRICK B</b>	3.2 NAME	
STREET ADDRESS	<b>2401 EUSTON RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **SIGNATURE REQUIRED** DATE: **1-10-99** DAYTIME PHONE #: **407 948 4835**

CR 1 (04-1-1999)