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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000097969 (4)

BRYLER INVESTMENTS, INC.

Principal Place of Business

Mailing Address

FILED Apr 28 1998 8:00am Secretary of State



749 NORTH GARLAND AVENUE SUITE 101 ORLANDO FL 32801		749 NORTH GARLAND AVENUE SUITE 101 ORLANDO FL 32801		DO NOT WRITE IN THIS	S SPACE
	•	0101100120001		3. Date Incorporated or Qualified	
				11/14/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 234 44	0 CK 561	26 P. O. DOX	<i>16</i> 93	59-3484335	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	
23 <u>Cle</u>	rmont th	28 14, NHOC		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip FL	Country 25 USA	29 34755	Country 30 USA	This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Intangible 2 Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
KEATING, JOHN KINGMAN 81 Name Can G HO 6500					
749 NORTH GARLAND AVENUE			82 Street Add		
SUITE 101			h	dress (P.O. Box Number is Not Acceptable)	
ORI	LANDO FL 32801		83		
			84 City (1)	ermont fi	85 Zip Code
44 Dureuph	to the provisions of Sentions 607.0603	and 607 1600. Florida Ptatula			- 34711
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, 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 acceptable obligation of Section 607.0505, Florida Statutes.					
agent. I am familiar with, and accessful obligations of Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of a gistered agent	and tele if applicables (NOTE	Registered Agent signature req.	4//7/	70
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	<u> </u>	☐ DELET E	1.1 TITLE	7.55	Change Addition
NAME	HOBSON, JEAN E		1.2 NAME]
STREET ADDRESS	8926 COUNTY ROAD 561		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711		1.4 City-St-Zip		
TITLE	O.	☐ DELETE	2.1 TITLE		Change Addition
NAME	HOBSON, MARK E		2.2 NAME		
STREET ADDRESS	8926 COUNTY ROAD 561		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711	<u>.</u>	2. 4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	3.1 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		7.1.
TITLE		L DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	<u> </u>		4. 2 NAME		
STREET ADDRESS			4.3 STREE1 ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DULTE	54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME OTREET ADDRESS			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 rectiver or trusted 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 alternative andress