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

FILED May 13, 1999 8:00 am Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999			ine Harris ry of State		Secretary of State 05-13-1999 90044 004 ***150.00				
	MENT # P9000104823	3	<u> </u>						
W.O. BRI	ISBEN COMPANIES NORT	H, INC.							
Principal Place		Mailing Address			\dashv				
' '	W. 33RD STREET #212	2321 N.W. 33R	D STRE	ET #21	2				
	JDERDALE, FL 33309	FORT LAUDERDA			DO NOT WRITE II	N THIS SPACE			
{					3. Date Incorporated or Qualified				
		1 =			12/11/97		1 4	Cad Ca	
1	Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>	+	Applica	
Suite, Apt.	# etc	Suite, Apt. #, etc.			65-0800237	\$8.75			able
22	, •	27			5. Certificate of Status Desired	Fee Re			
City & Star	te	City & State		·	Election Campaign Financing Trust Fund Contribution	\$5.00 Added			
Zip	Country	Zip	Countr	y ———	8. This corporation owes the curre			_	\neg
24	25	 _	30		Property Tax.	Yes		No	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Re	gistered Agen	<u> </u>	—	\dashv
				<u> </u>					
ATKINSON	N, WILSON C III		82	Street Add	ress (P.O. Box Number is Not Accepta	ble)			
C/O ATK	INSON, DINER, STONE,	ET. AL.	83						
1946 TYI	LER STREET		84	City	-	[85]	Zip Co	ode	\dashv
HOLLYWOO	OD, FL_33302			l		<u> </u>			
registered	to the provisions of Sections 607.0502 I office or registered agent, or both, in ered agent. I am familiar with, and acce	the State of Florida. Such of	hange was	authorized b	corporation submits this statement for by the corporation's board of directors. stutes.	the purpose of I hereby accept	chang the ar	jing its opointm	nent
SIGNATURE		,							_
	Signature, typed or printed name of registers			: Registered A	Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	TÖDE	SIN 42	
12.	OFFICERS AND DI	DELETE	13.		ADDITIONS/CHANGES TO OFFICE		ange		dition
NAME	DP BRISBEN, WILLIAM O	beec.	1.2 NAMI	I .			go		
STREET ADDRESS	2321 N.W. 33RD STRE	ET #212	1.3 STRE	ET ADDRESS					1000
CITY - ST - ZIP	FORT LAUDERDALE, FL		1.4 CITY	- ST - ZIP					6
TITLE	DVP	DELETE		1		Cha	ange	Add	dition
NAME	SCHULER, ROBERT E.	17.0	2.2 NAMI	ET ADDRESS					ļ
STREET ADDRESS CITY - ST - ZIP	7800 EAST KEMPER RC CINCINNATI, OH 4524		2.3 31RC	I .					
TITLE	CINCINNALLY OIL 4024	DELETE	3.1 TITLE	-		Ch	ange	Add	dition
NAME		1-11-	3.2 NAM	·					
STREET ADDRESS				ET ADDRESS					
CITY - ST - ZIP		- Decident	3.4 CITY		<u> </u>				J:62
TITLE] DELETE	4.1 TITLE				ange	Auc	dition
NAME STREET ADDRESS				ET ADORESS					
CITY - ST - ZIP			4.4 CITY	1					
TITLE		DELETE	5.1 TITLE	·		Ch	ange	Add	dition
NAME			52 NAM						1
STREET ADDRESS			5.3 STRE 5.4 CITY	ET ADDRESS					1
CITY - ST - ZIP		DELETE				Пск	ange		dition
NAME			6.2 NAM	1					
STREET ADDRESS				ET ADDRESS					
CITY - ST - ZIP			64 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.

SIG	N.	ΔΤ	ΙIR	F
JIG	IIV.	MI	UR	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

e Daytime Phone #