## 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 # P97000107258 (0)

B.R.H. CORPORATION

Mailing Address

## FILED May 12 1998 8:00am Secretary of State



Principal Place of Business C/O NEAL S LITMAN PA C/O NEAL S LITMAN PA 2000 SO DIXIE HWY STE 200 2000 SO DIXIE HWY STE 200 DO NOT WRITE IN THIS SPACE MIAMI FL 33133 MIAMI FL 33133 3. Date Incorporated or Qualified <u>12/22/1997</u> Principal Place of Business 2a. Mailing Address Applied For SAME 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zιρ Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LITMAN, NEAL S C/O **NE**AL S LITMAN PA 82 2000 SO DIXIE HWY STE 200 83 MIAMI FL 33133 named corporation submits this statement for the purpose of changing its registered the corporation's board of directors. I hereby accept the appointment as registered 11. Pursuant to the provisions Sections 607,0502 and 607,1508, Florida Statutes, the above ister, or both, in the State of Horida. Such Olange was authorized by the corporate, and according bibligations of Seonor 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1 1 1000 NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$1-ZIP 5.4 CITY - ST - ZIP DELETE 61 TIFLE ☐ Change ■ Addition TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-\$T-ZIP 6.4 CITY - ST - ZIP 14. Thereby 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 roport 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 attrictainent with an address.