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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 05 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P97000108120 (1)

G. BRI	EWSTER, INC.				
Principal Plac	ce of Business	Mailing Address		I INDERIONALIAN INDILIAN NONIA NONIA NONIA NONIA NONIA N	DIRE TEHOL HEID HOLL OUTLING
3053 HARVEST MOON DR 3053 HARVEST MOON DR PALM HARBOR FL 34683 PALM HARBOR FL 34683			••	50.107.117.5	
*				DO NOT WRITE IN THIS  3. Date incorporated or Qualified	SPACE
				12/24/1997	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3506561	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	10	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Couritry	Zip	Country	8. This corporation owes or has paid the ci	Added to Fees
24	25	<u>├</u>	30	Personal Property Tax due June 30.	Yes Yes
	g. Name and Address of Curren			10. Name and Address of New Registered	
W	EINER, MARK R		81 Name		
100 N TAMPA ST, SUITE 3320			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
TA	MPA FL 33602		83		
			63		
'			84 City	E	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050:	2 and 607.1508. Florida Statute	es, the above-named corp		of changing its registered
agent. I a	registered agent, or both, in the State am familiar with, and accept the obligation	of Florida, Such change was a ations of, Section 607.0505, Flo	uthorized by the corporation of	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Signature, typed or printed name of registered age	rit and title if applicable. (NOTE	Registered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PVST	☐ DELETE	1.1 TITLE		Change  Addition
NAME	LOCK, GILLIAN		1.2 NAME		
STREET ADDRESS	3053 HARVEST MOON DR PALM HARBOR FL 34683		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	LOCK, GILLIAN	CO PETER	2.2 NAME		
STREET ADDRESS	3053 HARVEST MOON DR		2.3 STREET ADDRESS		
CITY+ST-ZIP	PALM HARBOR FL 34683		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		D por etc	3.4. CITY-ST-ZIP		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS			4. 2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 City-S1-Zip		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME		<del></del>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		•
STREET ADDRESS			6.3 STREET ADDRESS		

6.4 CITY - ST - ZIP 14. I he exercise 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 supplymental 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 gythe 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 of an attackment with an address.