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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90014 008 \*\*\*150.00

DOCUMENT # P98000065970				
1. Corporation	BRISC ENTERPRISES, INC.			
Principal Place	e of Business	Mailing Address		
317_SOUTHEAS		-247 SOUTHEAST 2ND STRE	FI	
SUITE 2 SUITE 2				
HALLANDALLE	<del>5L_220</del> 09	HALLANDALLE FL 33009		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 07/28/1998
2. Principal Pl	lace of Business	2a. Mailing Address	PELLE SI	4. FEI Number GES7547 Applied For
$21 \angle 0 \angle$	2 PIERCE ST	26 2022	· /Esse 31	Not Applicable \$8.75 Additional
Suite, Apt.	#, etc. *	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
22 0-U		27 LOJ	1	6. Election Campaign Financing \$5.00 May Be
	Ywood FL	28 MOLLY WI	UTI. FC	Trust Fund Contribution Added to Fees
23 / / / / L	Country	Zip_	Country	This corporation owes the current year Intangible
Z4 73	720 25	29 33120	30	Personal Property Tax. Yes □No
	9. Name and Address of Curren			10. Name and Address of New Registered Agent
			81 Name	PSILE BUSC
AMERILAWYER 82 Street Addr				Address (P.O. Box-Number is Not-Acceptable)
343 ALMERIA AVENUE			2	022 PIECES 51.
CORAL GABLES FL 33134			83	202
			84 City /	85 Zjp Code
			'A	(022)(0007) FL   53020
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	X			STIT 99
	Signature, typed or plunted marrie of registered agen OFFICERS AN		Registered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	DELETE	1.1 TITLE	Change Addition
NAME I	BRISC, VASILE G	_	1.2 NAME	2022 PIELES ST.
STREET ADDRESS	317-SOUTHEAST 2ND STREET	•	13 STREET ADDRESS	1207
CITY-ST-ZIP	HALLANDALLE FL 33009		1,4 CITY-ST-ZIP	NOILYWOOD, FL 33020
TITLE	THE MAN TO SEE THE SECOND SECO	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	· .
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			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			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET 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		☐ DELETE	5.4 CITY+ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
TITLE			6.2 NAME	
NAME			6.3 STREET ADDRESS	·
STREET ADDRESS	İ		# 4.0 0.1 (EL) (MD) (E00	l l

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 an an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<3-11-99 (991) 777-6136

Daytime Phone #

R2E034 (11/98