PROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90032 026 \*\*\*150.00

	1999		TEDRATIONS	<u>.</u> }		
DOCUMENT # P98000067492						
HAPPEN	IINGS REAL ESTATE OF BRI	Evard, inc				
	<del></del>			_{		
Principal Place		Mailing Address				
4795 FAY BLVI   COCOA FL 329		4795 FAY BLVD UNIT 6 COCOA FL 32926				
0000A FL 325	S20	OCCUPATE GENERAL		DO NOT WRITE IN THIS S	SPACE	
				3. Date Incorporated or Qualifed 07/29/1998	<u></u> -	
2. Principal P	face of Business	2a. Mailing Address 26	·	4. FEI Number 59 - 2239485	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired	\$8.75 Additional	
22		27		*		
City & Stat		City & State		6. Election Campaign Financing Trust Fund Contribution	-\$5:00 May Be	
Zip	Country	28     Zip	Country	8. This corporation owes the current year Inta		1
24	25	29 30			<b>⊠</b> Yes □No	]
	g. Name and Address of Current	<del></del>	`	10. Name and Address of New Registered A	gent	1
			81 Name			l
MESSER, SANDRA L 4795 FAY BLVD UNIT 6			82 Street Addr	ess (P.O. Box Number is Not Acceptable)		1 .
COCOA FL 32926				<u>.                                  </u>		1
	DOA FE SESEO		83			]
			84 City	FL	85 Zip Code	i
44 Phonocond	to the emulsions of Sections 607 0502	and 607 1508 Florida Statutes.	the above-named come	pration submits this statement for the purpose of c	hanging its registered	1
office or r	egistered agent, or both, in the State o	f Florida. Such change was authorized of Section 607 0505. Florida	orized by the corporation	oration submits this statement for the purpose of c in's board of directors. I hereby accept the appoint	ment as registered	(
	m tamilar with and accept the obligation	MINAIN	Judies,	1-25-9	79	1
SIGNATURE	Oliginature typed or printed name of registered agent	and tide if explicable. (NOTE: Reg	istered Agent signature required			<b>€</b>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change	1 😤
πιε	D NECCED CANDOA A	DELETE	t.1 TITLE		Douglas Clyones	2
NAME	MESSER, SANDRA J 4795 FAY BLVD UNIT 6		12 NAME	·		8
STREET ADDRESS	COCOA FL 32926		1.3 STREET ADDRESS			CR2E034 (11/98)
CITY-ST-ZIP	D	DELETE	2.1 TITLE		☐ Change ☐ Addition	5
NAME	RODRIGUEZ, RANDEL L	,	2.2 NAME			
STREET ADDRESS	4742 BROOKHAVEN AVE		2.3 STREET ADDRESS			l
CITY:ST:ZP	-COCOA-FL-32927-	<u> </u>	2 a crivistiza			
TITLE		☐ DELETE	3.1 TIPLE		☐ Change ☐ Addition	1
NAME		<del></del>	32 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-\$T-ZIP		□ DELETE	3.4. CITY-ST-ZIP		Change Addition	1
MAME	}		4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			İ
CITY-ST-ZIP			4.4 CiTy-ST-ZP			)
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	١.
NAME			5.2 NAME		1	1
STREET ADORESS	-		5.3 STREET ADDRESS			,
CITY-ST-ZIP			5.4 CITY-ST-ZIP		OChana O Addition	}
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			1
1 CONCEST ADDRESS						
STREET ADDRESS	{		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 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 agher like empowered.

SIGNATURE:

1-25-99

407-631-2128