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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(5)

DOCUMENT # S50053

A BRICK YARD, INC.

**FILED** Apr 09 1997 8:00am Secretary of State



Principal Pa	ice of Business	Mailing Address				Elfit fiğli alalı alal	
11501 N.W. 118TH WAY MEDLEY FL 33178		11501 N.W. 118TH WAY MEDLEY FL 33178-1018					
MLGGET I L		, , , , , , , , , , , , , , , , , , ,			3. Date Incorporated or Qualified 05/01/1991	3a. Date of L 04/29/19	
2. Principal	Piace of Business	2a. Mailing Address			4. FEI Number		Applied For
]		26		65-0398618 Not App		Not Applicab	
Suite, Apt	t #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional se Required
City & St.	ate	City & State			Election Campaign Financing     Trust Fund Contribution		.00 May Be ided to Fees
Ζφ	Country	Zip	Count	try	8. This corporation has liability for in		der s. 199.032,
<u>L</u>	25 g. Name and Address of Cur	29	30		Florida Statutes  10. Name and Address of New Reg	Yes No	
		Tent negistered Agent	6	1 Name	10, Haifie sild Address of New Hel	Sistered Whenk	
	RNANDEZ, JORGE 501 N.W. 118TH WAY		L				
	DLEY, LF FL 33178		8	Street Add	dress (P.O. Box Number is Not Acceptab	le)	
MIL	LOCATION I COOTTO		ä	13			
				A City		los	Zin Code
			°	4 City		FL 65	Zip Code
GNATURE	English Land Village Co. Co.	Lacront and tale it much cable.	TE Bookston	Logot signat se se se	tired when raincletoe)	DATE	
2.	Superfore types or printed rayne of registered  OFFICERS (	agent and the Happicable (NO AND DIRECTORS	TE Registered A		uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIREC	
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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 Lam 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 only altachment with an address.

SIGNATURE: