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

DOCUMENT # S50053

A BRICK YARD, INC.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90063 048 ***158.75



Principal Place	of Business	Mailing Address	- -			1 (88)14(8 (2) 8(1)) 8 8(1) 8 8(1)			5,6.7 4,4. 7 146.
11501 N.W. 118TH WAY 11501 N.W. 118TH WAY MEDLEY FL 33178 MEDLEY FL 33178						DO NOT WRI	TE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 05/01/1991			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	**	Ar	pplied For
<u>. </u>		26				65-0398618		No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	Y	\$8.75 Fee Re	Additional equired *
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip Country		Zip	Zip Country			8. This corporation owes the curr	ent year Inta	ıngible	_/
24	25	29	30	30 .		Personal Property Tax.		☐Yes	12 40
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New F	Registered A	\gent	
	INDET IODOE		}	81	Name				ì
	NANDEZ, JORGE		82 Street Ad		Street Addre	ess (P.O. Box Number is Not Accepta	able)		
	1 N.W. 118TH WAY								
MED	LEY, LF FL 33178			83					
		•	,	84	City		FL	85 Zip	Code
l office.orm	to the provisions of Sections 607.01 egistered agent, or both, in the Stat m familiar with, and accept the obliq	e of Florida. Such change was	authorized	Dy tn	named corpo e corporatio	oration submits this statement for the in's board of directors. I hereby acce	purpose of ot the appoir	changing its itment as re	registered gistered
SIGNATURE						T. Annual Control of the Control of	DATE		[
OTTO AND DIDECTORS				Agent s	agnature required	when reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	ORS IN 12
12. TITLE	D	DELETE	13.	 1 F		ADDITIONS/CHANGES TO OF	I IOCINO AIN	Change	Addition
NAME	FERNANDEZ, JORGE		1.2 NA						\
STREET ADDRESS	11501 N.W. 118TH WAY	•			DORESS				ſ
	MEDLEY FL			Y-ST-Z					
CITY-ST-ZIP TITLE	MEDELIT	☐ DELETE	2.1 TIT		LIF			Change	Addition
NAME			2.2 NA		ļ ·	•			
STREET ADDRESS					DDRESS				
ì	م يامي سيم سييرون ال	e e		TY-ST-			· .		
CITY-ST-ZIP		☐ DELETE	3.1 111		-			Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 ST	REET A	DDRESS				ļ
CITY-ST-ZIP				TY-ST-					
TITLE		DELETE	4.1 ΤΠ					☐ Change	☐ Addition
NAME			4.2 N	AME.					j
STREET ADDRESS			4.3 ST	REETA	DORESS			•	
CITY-ST-ZIP			4.4 CП	ry-ST-2	ZIP				
TITLE		☐ DELETE	5.1 TIT	LE				☐ Change	☐ Addition
NAME			5.2 NA	ME]
STREET ADDRESS	,		5.3 ST	REETA	DDRESS				
CITY-ST-ZIP			5.4 CIT	ry-st-a	ZIP				
TITLE		☐ DELETÉ	6.1 TIT	LE	~			Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REETA	DDRESS				1
CITY-ST-ZIP			6.4 CIT	ry-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 this 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 other like empowered.