

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 JUN 21 PM 12:05

DOCUMENT # 568219

1. Corporation Name
BRETT ENTERPRISES INC.

Principal Place of Business Mailing Address
**4831 SW 148 AVE 6101 SUPERIOR BLVD
DAVIE FL 33330 DAVIE FL 33331**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4831 SW 148 AVE DAVIE FL 33330		2a. Mailing Address 26 6101 SUPERIOR BLVD DAVIE FL 33331		3. Date Incorporated or Qualified 07-24-91	3a. Date of Last Report 94
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0281008	Applied For ☐ Not Applicable
22 City & State DAVIE FL		27 City & State DAVIE FL		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23 Zip 33330		28 Zip 33331		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25 Country USA		30 Country USA		8. This corporation has liability for intangible tax under 5-199-032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent FRANK AMIGO 120 S. UNIVERSITY DR. PLANTATION FL.		10. Name and Address of New Registered Agent 81 Name ROAR INGEBRETSEN 82 Street Address (P.O. Box Number is Not Acceptable) 6101 SUPERIOR BLVD 83 84 City DAVIE FL 85 Zip Code 33331	
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"I, 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 Roar Ingebreetsen PRESIDENT DATE **6-10-95**
Signature typed or printed name of registered agent and new agent (if applicable) NOTE: Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OWNER, DIR./PRES./SEC/TREAS	1.1 TITLE	☐ Change ☐ Addition
NAME	ROAR INGEBRETSEN	1.2 NAME	
STREET ADDRESS	6101 SUPERIOR BLVD DAVIE FL 33331	1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	800001519998
STREET ADDRESS		2.3 STREET ADDRESS	-06/22/95--01008--003
CITY, ST, ZIP		2.4 CITY, ST, ZIP	***233.75 ***233.75
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 this 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.

SIGNATURE: Roar Ingebreetsen DATE **6-10-95** (305) 434-8032 (305) 680-1523
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR