FILE NOW: FILING FEE AFTER MAY 1 [illegible] $225.00

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

~~1996~~ 1997

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

DOCUMENT # S87945 (9)

1. Corporation Name
BRIERWOOD SOUTH, INC.

[redacted]

Principal Place of Business	Mailing Address
704 IBIS WAY NORTH PALM BEACH FL 33408 US	704 IBIS WAY NORTH PALM BEACH FL 33408 US

3. Date Incorporated or Qualified: 10/17/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business 21 ~~1448 10th Street~~	2a. Mailing Address 26 [redacted] Street	4. FEI Number 65-0289465	4a. Appli Not A
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Ad Fee Requ
City & State 23 ~~Lake Park Fl~~	City & State 28 [redacted]	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 M Added to F
Zip / Country 24 ~~33403~~ 25 ~~USA~~	Zip / Country 29 [redacted] 30 ~~USA~~	8. This corporation has liability for intangible tax under s. 199 Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

ELINOR A CONROY
704 IBIS WAY
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name [redacted]
82 Street Address (P.O. Box Number Is Not Acceptable) [redacted]
83
84 City [redacted] FL [redacted]

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 regist 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 agen familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: Elinor A. Conroy Elinor A. Conroy 4/29/97
(Signature of named of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONROY, ELINOR A ~~1448 10TH STREET~~ ~~LAKE PARK FL~~ 704 Ibis Way North Palm Beach, Fl 3340	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP President Elinor A. Conroy 704 Ibis Way North Palm Beach, Fl. 3
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP Vice President Kevin Conroy 1315 S. McClintock Dr. #1 Tempe, Az. 85
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP 300002181193 -05/16/97--01042--020 ***165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP 5/7/97

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)(i), Florida Statutes. I 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 mad 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elinor A. Conroy President 4/29/97
(PRINT NAME AND TYPED OR PRINTED TITLE OF SIGNING OFFICER OR DIRECTOR)
Elinor A. Conroy