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Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V35821

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1. Corporation Name
BRYAN DAIRY BP, INC.

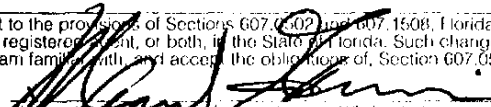


Principal Place of Business % MARTIN L GARCIA ESO 101 E KENNEDY BLVD SUITE 3700 TAMPA FL 33602	Mailing Address MARTIN L GARCIA 7243 BRYAN DAIRY RD. LARGO FL 34620 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 15950 Bay Vista Drive 27 Suite, Apt. #, etc. 28 250 29 City & State 30 Clearwater FL 31 Zip 32 34620 33 Country 34 US	3. Date Incorporated or Qualified 05/13/1992 3a. Date of Last Report 05/01/1996 4. FEI Number 59-3125225 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.
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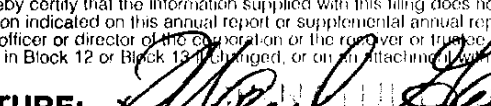
9. Name and Address of Current Registered Agent GARCIA, MARTIN L. 7243 BRYAN DAIRY RD. LARGO FL 34620	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 15950 Bay Vista Drive 84 Suite 250 85 City 86 Clearwater 87 State 88 FL 89 Zip Code 90 34620
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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 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:  DATE: 3/7/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	GARCIA, MARTIN L	1.2 NAME	
STREET ADDRESS	1613 S CULBREATH ISLES	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	DVS	2.1 TITLE	
NAME	GARCIA, KENNEDY	2.2 NAME	
STREET ADDRESS	1613 S CULBREATH ISLES	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	
NAME	GARCIA, MANUEL	3.2 NAME	
STREET ADDRESS	4933 NEW PROVIDENCE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	GARCIA, MARSHALL	4.2 NAME	
STREET ADDRESS	16011 AMBERLY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 or is changed, or on an attachment, with an address.

SIGNATURE:  DATE: 3/7/97

CR2E034 (9/96)