FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **V37116** **(3)**

1. Corporation Name

BRICK ENTERPRISES, INC.

Principal Place of Business	Mailing Address
ORLANDO FITNESS AND RACQUET CLUB 825 COURTLAND ST. ORLANDO FL 32804 US	917 WARBLER CT. PORT ORANGE FL 32127

3. Date Incorporated or Qualified: 05/19/1992
3a. Date of Last Report: 07/21/1995

2. Principal Place of Business 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

4. FEI Number: 59-3126232 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☑ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRICK, JOHN C.
917 WARBLER COURT
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BRICK, JOHN C.	
STREET ADDRESS	917 WARBLER CT.	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	VD	☐ DELETE
NAME	BRICK, LOURDES G.	
STREET ADDRESS	917 WARBLER CT.	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	☐ DELETE
NAME	BRICK, C. VICTOR	
STREET ADDRESS	2003 DUMONT RD	
CITY-ST-ZIP	TIMONIUM MD 21093	
TITLE	D	☐ DELETE
NAME	BRICK, LYNNE G	
STREET ADDRESS	2003 DUMONT RD	
CITY-ST-ZIP	TIMONIUM MD 21093	
TITLE	TSD	☐ DELETE
NAME	BRICK, MERRILL J.	
STREET ADDRESS	5500 KINGSWOOD DR	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	☐ DELETE
NAME	BRICK, SHERRY C.	
STREET ADDRESS	5500 KINGSWOOD DR	
CITY-ST-ZIP	ORLANDO FL 32810	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: John C. Brick John C. Brick 7/23/96 407.645.3550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

CR2E034 (12/95)