

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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

ORLANDO FITNESS AND RACQUET CLUB
825 COURTLAND ST.
ORLANDO FL 32804
US

Mailing Address

917 WARBLER CT.
PORT ORANGE FL 32127-4721



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Orlando, Fl.		26 825 Courtland St.		05/19/1992		08/05/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 Orlando, Fl.		59-3126232		<input checked="" type="checkbox"/> Not Applicable	
24 Zip		29 32804		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
25 Country		30 U.S.A.		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
6. Election Campaign Financing				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
<input type="checkbox"/> Trust Fund Contribution				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
5.00 May Be Added to Fees							

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 **Brick, John C. (same)**
 82 Street Address (P.O. Box Number is Not Acceptable)
Orlando Fitness and Racquet Club
 83 **825 Courtland St.**
 84 City **Orlando** 85 Zip Code **FL 32804**

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

(Signature, typed or printed name 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 IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICK, JOHN C.	1.2 NAME	
STREET ADDRESS	917 WARBLER CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICK, LOURDES G.	2.2 NAME	
STREET ADDRESS	917 WARBLER CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICK, C. VICTOR	3.2 NAME	
STREET ADDRESS	2003 DUMONT RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TIMONIUM MD 21093	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICK, LYNNE G	4.2 NAME	
STREET ADDRESS	2003 DUMONT RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TIMONIUM MD 21093	4.4 CITY-ST-ZIP	
TITLE	TSD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICK, MERRILL J.	5.2 NAME	
STREET ADDRESS	5500 KINGSWOOD DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICK, SHERRY C.	6.2 NAME	
STREET ADDRESS	5500 KINGSWOOD DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	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 if changed, or on an attachment with an address.

SIGNATURE:

John C. Brick John C. Brick Apr 8, '97 407-645-3550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

0023430

CR2E034 (9/96)