

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Murhain
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J95904** (5)
1. Corporation Name
BRIERLEY SALES ASSOCIATES, INC.



Principal Place of Business: % ROBERT S. BRIERLEY, 2239 ASHBURY DR., CLEARWATER FL 34624-3711
Mailing Address: % ROBERT S. BRIERLEY, 2239 ASHBURY DR., CLEARWATER FL 34624-3711

3. Date Incorporated or Qualified: 10/05/1987
3a. Date of Last Report: 08/11/1995
4. FEI Number: 59-2846253
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: 21 303 22ND ST., 22 Suite, Apt. #, etc.
23 BELLEAIR BEACH, 24 34634, 25 USA
2a. Mailing Address: 26 303 22ND ST., 27 Suite, Apt. #, etc.
28 BELLEAIR BEACH, 29 34634, 30 USA

9. Name and Address of Current Registered Agent: BRIERLEY, ROBERT S., 2239 ASHBURY DR., CLEARWATER FL 33546
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable): 303 22ND ST., 83, 84 City: BELLEAIR BEACH, FL 85 Zip Code: 34634

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BRIERLEY, ROBERT | |
| STREET ADDRESS | 2239 ASHBURY DR. | |
| CITY- ST- ZIP | CLEARWATER FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | BRIERLEY, SALLIE | |
| STREET ADDRESS | 2239 ASHBURY DR. | |
| CITY- ST- ZIP | CLEARWATER FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If Change, check Change Addition)

| | |
|-------------------|--------------------------|
| 11 TITLE | |
| 12 NAME | |
| 13 STREET ADDRESS | 303 22ND ST. |
| 14 CITY- ST- ZIP | BELLEAIR BEACH, FL 34634 |
| 15 TITLE | |
| 16 NAME | |
| 17 STREET ADDRESS | 303 22ND ST. |
| 18 CITY- ST- ZIP | BELLEAIR BEACH, FL 34634 |
| 19 TITLE | |
| 20 NAME | |
| 21 STREET ADDRESS | |
| 22 CITY- ST- ZIP | |
| 23 TITLE | |
| 24 NAME | |
| 25 STREET ADDRESS | |
| 26 CITY- ST- ZIP | |
| 27 TITLE | |
| 28 NAME | |
| 29 STREET ADDRESS | |
| 30 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)(a), 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: *Robert S. Briery*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Aug 16, 1996
813-595-1888
Date of Filing #

CR2E034 (12/95)