SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CITY-ST-ZIP

FILED Sep 09 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # J95904 (5) BRIERLEY SALES ASSOCIATES, INC. Principal Place of Business Mailing Address 303 22ND ST 2239 AMBURY DR. BELLEAIR BEACH FL 34634 303 22ND \$1 BELLEAIR BEACH FL 34634 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3s. Date of Last Report 10/05/1987 08/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1605 MAIN ST. 59-2846253 21 26 Not Applicable Suite, Apt. #, gtc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Ele FL 23 Trust Fund Contribution 28 Added to Fees Country Zip 8. This corporation owes or has paid the current year Inlangible 24 25 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name BRIERLEY, ROBERT S. 303 22ND ST 82 Street Address (P.O. Box Number is Not Acceptable) **BELLEAIR BEACH FL 34634** 83 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 agont and title if applicable (NOTE Registered Agent signature required whon reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (4/97 DELETE 1.1 TITLE Change Addition TITLE BRIERLEY, ROBERT NAME 1.2 NAME CR2E034 303 22ND ST STREET ADDRESS 1.3 STREET ADDRESS BELLEAIR BEACH FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Addition 2.1 TITLE Change TITLE BRIERLEY, SALLIE NAME 22 NAME 303 22ND ST STREET ADDRESS 2.3 STREET ADDRESS BELLEAIR BEACH FL CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - 2IP DELETE Change TITLE 4.1 TITLE noilithA NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADORESS 6.3 STREET ADDRESS

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 eath; 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 12 if changed, or on an attantion with an address.

813-191-1888

9/5/97