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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 524246 (6)

1. Corporation Name
BRAEBURN, INC.

Principal Place of Business: 1 HAMILTON ST. S. POST OFFICE BOX 1120 WATERDOWN, ONT. CAN. L0R 2H0
Mailing Address: 1 HAMILTON ST. S. POST OFFICE BOX 1120 WATERDOWN, ONT. CAN. L0R 2H0

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1977
3a. Date of Last Report: 02/10/1994
4. FEI Number: 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
6. This corporation has liability for intangible tax under S. 199.037, Florida Statutes: Yes No

2. Principal Place of Business: 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country 24. 25. 26. Mailing Address: 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country 29. 30.

9. Name and Address of Current Registered Agent
**FRALEIGH, WILLIAM P.
1440 S. OCEAN BLVD.
14A,
POMPANO BEACH FL 33062**

10. Name and Address of Now Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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) _____ (Name of Registered Agent (print or type name and address, including title))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRALEIGH, WILLIAM P.	2. NAME	
STREET ADDRESS	265 MILL ST. S.	3. STREET ADDRESS	
CITY- ST- ZIP	WATERDOWN, ONT CANAD L0R 2H0	4. CITY- ST- ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMAINS, HELEN	2.2 NAME	
STREET ADDRESS	943 GLEN ACRES CT	2.3 STREET ADDRESS	
CITY- ST- ZIP	BURLINGTON, ONT CANAD L7T 3E1	2.4 CITY- ST- ZIP	
TITLE	DIRECTOR	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRALEIGH, DOBERN	3.2 NAME	
STREET ADDRESS	265 MILL ST. S.	3.3 STREET ADDRESS	
CITY- ST- ZIP	WATERDOWN, ONT CANAD L0R 2H0	3.4 CITY- ST- ZIP	
TITLE	DIRECTOR	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRALEIGH, GREGORY	4.2 NAME	
STREET ADDRESS	1578 CENTRE RD. POMPANO BEACH	4.3 STREET ADDRESS	
CITY- ST- ZIP	CARLETON, ONT CANAD L0R 1H0	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 199.037(4), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that the signatories shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the resident 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WM P FRALEIGH - PRESIDENT

7-6-23/95
905-681-7311