

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 FEB 13 AM 10:42

**DOCUMENT # 620608 (0)**

1. Corporation Name  
**BRAGAR CORPORATION**

Principal Place of Business Mailing Address  
\* MARTIN HACKMAN  
6401 E. ROGERS CIRCLE-SUITE 4  
BOCA RATON FL 33487  
\* MARTIN HACKMAN  
6401 E. ROGERS CIRCLE-SUITE 4  
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

\* PLEASE NOTE CHANGE OF ADDRESS

3. Date Incorporated or Qualified 05/11/1979 3a. Date of Last Report 01/27/1994  
4. FEI Number 59-1095596 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

2. Principal Place of Business 2a. Mailing Address  
21 P.O. Box 810095 26 P.O. Box 810095  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 6760 E. ROGERS CIRCLE 27  
City & State City & State  
23 BOCA RATON, FL 28 BOCA RATON, FL  
Zip Country Zip Country  
24 33487 25 Palm Beach 29 33481 30 Palm Beach

9. Name and Address of Current Registered Agent  
HACKMAN, MARTIN.  
6760 E. ROGERS CIRCLE,  
BOCA RATON FL 33487 33481 (P.O. Box 810095)

10. Name and Address of New Registered Agent  
81 Name MARTIN HACKMAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 6760 E. ROGERS CIRCLE  
84 City, BOCA RATON FL 85 Zip Code 33487

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 *Martin Hackman* (NOTE: Functional Agent signature required when re-designating) DATE 2-7-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEDVIS, BEREL
STREET ADDRESS	89 SIMON RIVER ROAD
CITY- ST- ZIP	ST SAUVER DES MONTS QU
TITLE	D
NAME	PEDVIS, GARY
STREET ADDRESS	89 SIMON RIVER ROAD
CITY- ST- ZIP	ST SAUVER DES MONTS QU
TITLE	D
NAME	PEDVIS, BRAD
STREET ADDRESS	89 SIMON RIVER ROAD
CITY- ST- ZIP	ST SAUVER DES MONTS QU
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 199.032(1)(b), 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 of this report.

SIGNATURE: *Berel Pedvis* (MR. BEREL PEDVIS) Jan. 25, 1995 (514) 227-2435  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR