

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 830862 (9)

1. Corporation Name
G.A. BRAUN, INC.



Principal Place of Business: 461 EAST BRIGHTON AVE. DRAWER 70. COLVIN STATION SYRACUSE NY 13205
Mailing Address: 461 EAST BRIGHTON AVE. DRAWER 70. COLVIN STATION SYRACUSE NY 13205

3. Date Incorporated or Qualified: 09/19/1973
3a. Date of Last Report: 04/18/1995
4. FEI Number: 15-0508635
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: 21 Subd., Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Subd., Apt. #, etc.; 27 City & State; 28 Zip; 29 Country
30 Country

9. Name and Address of Current Registered Agent
GUNN, DAVID
6250 N.W. 27TH WAY
FT. LAUDERDALE FL 33309

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. Said 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	TERWILLIGER, PRISCILLA D	
STREET ADDRESS	6250 NW 27TH WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GUNN, DAVID	
STREET ADDRESS	6250 NW 27TH. WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	VAN LENGEN, ROBERT	
STREET ADDRESS	314 E FAYETTE ST	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEWIS, DENNIS	
STREET ADDRESS	461 E BRIGHTON AVE	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MEIER, PETER J	
STREET ADDRESS	461 E BRIGHTON AVE	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HERTIG, DANIEL	
STREET ADDRESS	461 E BRIGHTON AVE	
CITY-ST-ZIP	SYRACUSE NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WERNER, J. B.	
1.3 STREET ADDRESS	461 E. Brighton Ave.	
1.4 CITY-ST-ZIP	Syracuse, NY 13205	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(3)(k), 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 Book 12 or Block 15 if changed, or on an attachment with an address.

SIGNATURE: *Dennis Lewis* Dennis Lewis 2/15/96 315-475-3123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Phone #

CR2E034 (12/95)