

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/19/1973	3a. Date of Last Report 02/20/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 15-0508635	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

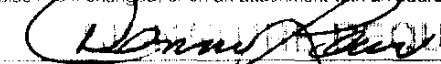
9. Name and Address of Current Registered Agent GUNN, DAVID 6250 N.W. 27TH WAY FT. LAUDERDALE FL 33309	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL
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11. Pursuant 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TERWILLIGER, PRISCILLA D		1.2 NAME STEPHEN BREGANDE	
STREET ADDRESS 6250 NW 27TH WAY		1.3 STREET ADDRESS 461 EAST BRIGHTON AVENUE	
CITY - ST - ZIP FT. LAUDERDALE FL		1.4 CITY - ST - ZIP SYRACUSE, NY 13205	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUNN, DAVID		2.2 NAME	
STREET ADDRESS 6250 NW 27TH WAY		2.3 STREET ADDRESS	
CITY - ST - ZIP FT. LAUDERDALE FL		2.4 CITY - ST - ZIP	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WERNER, J B		3.2 NAME WERNER, J.B.	
STREET ADDRESS 461 EAST BRIGHTON AVENUE		3.3 STREET ADDRESS 461 EAST BRIGHTON AVENUE	
CITY - ST - ZIP SYRACUSE NY		3.4 CITY - ST - ZIP SYRACUSE, NY 13205	
TITLE V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEWIS, DENNIS		4.2 NAME	
STREET ADDRESS 461 E BRIGHTON AVE		4.3 STREET ADDRESS	
CITY - ST - ZIP SYRACUSE NY		4.4 CITY - ST - ZIP	
TITLE PD	<input type="checkbox"/> DELETE	5.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEIER, PETER J		5.2 NAME MEIER, PETER J.	
STREET ADDRESS 461 E BRIGHTON AVE		5.3 STREET ADDRESS 461 EAST BRIGHTON AVENUE	
CITY - ST - ZIP SYRACUSE NY		5.4 CITY - ST - ZIP SYRACUSE, NY 13205	
TITLE V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERTIG, DANIEL		6.2 NAME	
STREET ADDRESS 461 E BRIGHTON AVE		6.3 STREET ADDRESS	
CITY - ST - ZIP SYRACUSE NY		6.4 CITY - ST - ZIP	

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 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:  **REQUIRED** 3/21/97 315-475-3123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)