

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H34457** (2)

1. Corporation Name

BARTRAM & BRAKENHOFF OF FLORIDA, INC.



Principal Place of Business

Mailing Address

%CHARLES LEA HUME
44 W FLAGLER ST. 18TH FL
MIAMI FL 33130
US

% CHARLES LEA HUME, ESO
44 W FLAGLER ST. 18TH FL
MIAMI FL 33130
US

2. Principal Place of Business

21 c/o Charles Lea Hume

Suite, Apt. #, etc.

22 701 Brickell Ave., 16 FL

City & State

23 Miami, FL

Zip

24 33131

Country

25 U.S.A.

2a. Mailing Address

26 c/o Charles Lea Hume

Suite, Apt. #, etc.

27 701 Brickell Ave., 16 FL

City & State

28 Miami, FL

Zip

29 33131

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

HUME, CHARLES LEA, ESQUIRE
COURTHOUSE TOWER 18TH FLOOR
44 W FLAGLER ST.
MIAMI FL 33130

3. Date Incorporated or Qualified

12/17/1984

3a. Date of Last Report

05/01/1995

4. FEI Number

06-1121536

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Charles Lea Hume, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)

Baker & McKenzie

83

701 Brickell Ave., 16th FL

84

City
Miami

FL

85

Zip Code

33131

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

Charles Lea Hume Charles Lea Hume

3/11/96

(NOTE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
BARTRAM, JR., J. BURR
STREET ADDRESS 2 MARINA PLAZA, GOAT ISLAND
CITY-ST-ZIP NEWPORT RI

TITLE ☐ DELETE

NAME STD
BRAKENHOFF, BRUCE R.
STREET ADDRESS 2 MARINA PLAZA, GOAT ISLAND
CITY-ST-ZIP NEWPORT RI

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96

(401) 846-7355

CR2E034 (12/95)