

**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 MAR 30 AM 8:25**

DOCUMENT # **L56963 (6)**

1. Corporation Name

**BRAMON MASONRY & RESTORATION, INC.**

Principal Place of Business

P.O. BOX 1543  
KEY WEST FL 33041-1543

Mailing Address

P.O. BOX 1543  
KEY WEST FL 33041-1543

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/14/1990**

3a. Date of Last Report  
**04/15/1994**

4. FFI Number  
**65-0184456**

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

21 **723 Catherine Street**

Suite, Apt. #, etc

2a. Mailing Address

26 **723 Catherine Street**

Suite, Apt. #, etc

City & State

23 **Key West, Fla**

Zip

24 **33040**

Country

25 **Monroe**

City & State

28 **Key West, Fla**

Zip

29 **33040**

Country

30 **Monroe**

9. Name and Address of Current Registered Agent

**BROWNING, MICHAEL L.**  
**402 APPELROUTH LANE, SUITE 10**  
**KEY WEST FL 33040**

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 607.1508, 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

(Typed or printed name of registered agent and title designation)

(Typed or printed name of registered agent and title designation)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>
NAME	<b>BRAMON, STEVE</b>
STREET ADDRESS	<b>529 MARGARET ST.</b>
CITY, ST, ZIP	<b>KEY WEST FL</b>
TITLE	<b>VP</b>
NAME	<b>BRAMON, REBECCA</b>
STREET ADDRESS	<b>529 MARGARET SR</b>
CITY, ST, ZIP	<b>KEY WEST FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Steve Bramon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/95**

Date

**305-216-5537**

Telephone Number