

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90008 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000010921

1. Corporation Name
BRYST ASSOCIATES, INC.

Principal Place of Business: 3300 UNIVERSITY DR CORAL SPRINGS FL 33065
 Mailing Address: 3300 UNIVERSITY DR CORAL SPRINGS FL 33065



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc. **10**
 City & State
 Zip **24** Country **25**

2a. Mailing Address
 Suite, Apt. #, etc. **SUITE 10**
 City & State
 Zip **29** Country **30**

3. Date Incorporated or Qualified
01/31/1996

4. FEI Number **65-0643581** 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 owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
LEDERMAN, SHERYL
3300 UNIVERSITY DRIVE, SUITE 10
CORAL SPRINGS FL 33065

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	LEDERMAN, SANFORD	
STREET ADDRESS	3300 UNIVERSITY DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	S	<input type="checkbox"/>
NAME	LEDERMAN, SHERYL	
STREET ADDRESS	3300 UNIVERSITY DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VP	<input type="checkbox"/>
NAME	YOUNGERMAN, JAY S	
STREET ADDRESS	875 OLD COUNTRY RD	
CITY-ST-ZIP	PLAINVIEW NY 11803	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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.

CR2E034 (5/99)

7/14/99 19517344 7807



587960-90008-38
196000010921

TRAVEL ADVANTAGE



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.P. BOX 6327
TALLAHASSEE, FL. 32314

TO WHOM IT MAY CONCERN,

I JUST RECEIVED THE 2ND NOTICE FOR CORPORATE RENEWAL.

UNFORTUNATELY, I NEVER RECEIVED THE ORIGINAL, BECAUSE MY MAIL MAN HAS BEEN GIVING EVERYBODY IN MY BUILDING A HARD TIME, AND IF THERE IS NO SUITE NUMBER ON THE ENVELOPES, HE IS EITHER RETURNING THE MAIL OR THE MAIL IS DISAPPEARING.

ENCLOSED, PLEASE FIND OUR CHECK FOR \$150.00 FOR RENEWAL.

ALSO, I WOULD APPRECIATE IT IF YOU WOULD ADD MY SUITE NUMBER TO ALL OF YOUR CORRESPONDENCE.

THANK YOU FOR YOUR UNDERSTANDING.

IF YOU NEED TO SPEAK WITH ME, FEEL FREE TO CALL ANY TIME.

VERY TRULY YOURS,

SANFORD LEDERMAN,
PRES.