

**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 # **S04605 (9)**  
1. Corporation Name  
**BRONNER AND ASSOCIATES, INC.**



Principal Place of Business: **3751 VERONA TRAIL S W ROANOKE FL 24018 US**  
Mailing Address: **3751 VERONA TRAIL SW ROANOKE VA 24018 US**

3. Date Incorporated or Qualified: **10/03/1990**  
3a. Date of Last Report: **08/14/1995**  
4. FEI Number: **65-0229253**  
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: **9671 S.W. 14 PLACE**  
21. Suite, Apt. #, etc.  
22. City & State: **DAVIE FL**  
23. Zip: **33324** Country: **USA**  
24. Mailing Address: **9671 S.W. 14 PLACE**  
25. Suite, Apt. #, etc.  
26. City & State: **DAVIE FL**  
27. Zip: **33324** Country: **USA**  
28. Zip: **33324** Country: **USA**  
29. Country: **USA**  
30.

9. Name and Address of Current Registered Agent  
**EWART, JAMES S.  
2801 E. OAKLAND PARK  
STE. 502  
FT LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent  
81. Name: **BONNIE BRONNER**  
82. Street Address (P.O. Box Number is Not Acceptable): **9671 S.W. 14 PLACE**  
83. City: **DAVIE** State: **FL** Zip Code: **33324**  
84. City: **DAVIE** State: **FL** Zip Code: **33324**

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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: **BONNIE BRONNER** *Bonnie Bronner* P.T.S. 8-2-96  
Date

12. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | PTS                   | <input type="checkbox"/> DELETE |
| NAME           | BRONNER, BONNIE       |                                 |
| STREET ADDRESS | 3751 VERONA TRAIL S W |                                 |
| CITY-ST-ZIP    | ROANOKE VA            |                                 |
| TITLE          | VP                    | <input type="checkbox"/> DELETE |
| NAME           | BRONNER JR., JOHN H.  |                                 |
| STREET ADDRESS | 3751 VERONA TRAIL S W |                                 |
| CITY-ST-ZIP    | ROANOKE VA            |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS | <b>9671 S.W. 14 PLACE</b>                                                    |
| 1.4 CITY-ST-ZIP    | <b>DAVIE, FL 33324</b>                                                       |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS | <b>9671 S.W. 14 PLACE</b>                                                    |
| 2.4 CITY-ST-ZIP    | <b>DAVIE, FL 33324</b>                                                       |
| 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bonnie Bronner* **8-2-96** **954) 723-0253**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)