

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

CORPORATION ANNUAL REPORT 1995

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



**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 22 AM 10:05

DOCUMENT # **S90748** (2)  
1. Corporation Name  
**1301 BRANDON CORPORATION**

Principal Place of Business Mailing Address  
**1601 BELVEDERE RD., S.  
SUITE 407  
WEST PALM BEACH FL 33406  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

3. Date Incorporated or Qualified **10/30/1991** 3a. Date of Last Report **03/01/1994**  
4. FEI Number **65-0295618** 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

9. Name and Address of Current Registered Agent  
**GERSON, GARY N.  
1645 PALM BEACH LAKES BLVD.  
SUITE 1200  
WEST PALM BEACH FL 33401**

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: Name or printed name of registered agent and date of appointment. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZ, JOHN	1.2 NAME	
STREET ADDRESS	1645 PALM BCH. LAKES BLVD. SUITE 420	1.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFADDIN, LANCE	2.2 NAME	<i>Mcfaddin, Lance</i>
STREET ADDRESS	3033 CHIMNEYROCK, SUITE 500	2.3 STREET ADDRESS	<i>5851 San Felipe, Suite 215</i>
CITY - ST - ZIP	HOUSTON TX	2.4 CITY - ST - ZIP	<i>Houston, Tx 77057</i>
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, ARTHUR	3.2 NAME	
STREET ADDRESS	1601 BELVEDERE RD 407S	3.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASBRCH, GAIL	4.2 NAME	
STREET ADDRESS	1601 BELVEDERE RD 407 S	4.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAPES, PAUL	5.2 NAME	
STREET ADDRESS	1601 BELVEDERE RD., S., SUITE 407	5.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE: *By P. Meyer Treasurer* 2-17-95 407-689-6601  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_