

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S90748** (2)

1. Corporation Name
1301 BRANDON CORPORATION



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

2. Principal Place of Business: **1601 Belvedere Rd Suite 407 South**
2a. Mailing Address: **1601 Belvedere Road Suite 407 South**

3. Date Incorporated or Qualified: **10/30/1991**
3a. Date of Last Report: **02/22/1995**
4. FEI Number: **65-0295618**
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 Statute: 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 607.1501, 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 607.0502, Florida Statutes.

SIGNATURE

Signature typed or printed name of the registered agent (to be typed)

Signature typed or printed name of the corporation (to be typed)

Date

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	METZ, JOHN	
STREET ADDRESS	1645 PALM BCH. LAKES BLVD. SUITE 420	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCFADDIN, LANCE	
STREET ADDRESS	5851 SAN FELIPE, SUITE 215	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEYER, ARTHUR	
STREET ADDRESS	1601 BELVEDERE RD 407S	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASARCH, GAIL	
STREET ADDRESS	1601 BELVEDERE RD 407 S	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MAPES, PAUL	
STREET ADDRESS	1601 BELVEDERE RD., SUITE 407S	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	8008 South Flagler Court
14 CITY-ST-ZIP	Zip 33405
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	CDS
33 STREET ADDRESS	
34 CITY-ST-ZIP	zip 33406
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Asarch, Gail
43 STREET ADDRESS	
44 CITY-ST-ZIP	zip 33406
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	1601 Belvedere Road Suite 407 South
54 CITY-ST-ZIP	zip 33406
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Paul Mapes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96 407 689-6601

CR2E034 (12/95)