

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 26 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # S90748 (2)**

1. Corporation Name  
**1301 BRANDON CORPORATION**



Principal Place of Business: **1601 BELVEDERE ROAD SUITE 407 SOUTH WEST PALM BEACH FL 33406 US**

Mailing Address: **1601 BELVEDERE ROAD SUITE 407 SOUTH WEST PALM BEACH FL 33406-1541 US**

3. Date Incorporated or Qualified: **10/30/1991**

3a. Date of Last Report: **03/20/1996**

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 Statutes:  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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

85 Zip Code

**FL**

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 \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

DELETE

TITLE: **D**

NAME: **METZ, JOHN**

STREET ADDRESS: **8008 SOUTH FLAGLER COURT**

CITY - ST - ZIP: **W. PALM BEACH FL**

DELETE

TITLE: **DP**

NAME: **MCFADDIN, LANCE**

STREET ADDRESS: **5851 SAN FELIPE, SUITE 215**

CITY - ST - ZIP: **HOUSTON TX**

DELETE

TITLE: **CDS**

NAME: **MEYER, ARTHUR**

STREET ADDRESS: **1601 BELVEDERE RD 407S**

CITY - ST - ZIP: **W. PALM BEACH FL**

DELETE

TITLE: **D**

NAME: **ASARCH, GAIL**

STREET ADDRESS: **1601 BELVEDERE RD 407 S**

CITY - ST - ZIP: **W. PALM BEACH FL**

DELETE

TITLE: **T**

NAME: **MAPES, PAUL**

STREET ADDRESS: **1601 BELVEDERE ROAD SUITE 407 SOUTH**

CITY - ST - ZIP: **W. PALM BEACH FL**

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP: **W Palm Beach Fl 33405**

Change  Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

Change  Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP: **W Palm Beach Fl 33406**

Change  Addition

41 TITLE: **President**

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

Change  Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP: **W Palm Beach Fl 33406**

Change  Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do 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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)