

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

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

03-14-1999 90021 003 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # S93905

1. Corporation Name
BRANJONA CORP.



Principal Place of Business
5251 MYRTLEWOOD
SARASOTA FL 34235

Mailing Address
5251 MYRTLEWOOD
SARASOTA FL 34235

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/14/1991

4. FEI Number **65-0304439** Applied For Not Applicable

2. Principal Place of Business
21 149 Cocoanut Avenue

2a. Mailing Address
26 149 Cocoanut Avenue

5. Certificate of Status Desired **\$8.75** Additional Fee Required

22 Suite, Apt. #, etc.
23 Sarasota, Florida

27 Suite, Apt. #, etc.
28 Sarasota, Florida

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 Zip **34236** 25 Country

29 Zip **34236** 30 Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANKLIN, RALPH C.
5251 MYRTLEWOOD
SARASOTA FL 34235

81 Name **Bruce Franklin**
 82 Street Address (P.O. Box Number is Not Acceptable) **149 Cocoanut Avenue**
 83
 84 City **Sarasota** FL 85 Zip Code **34236**

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 *[Signature]*

3-8-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKLIN, RALPH C.	1.2 NAME	Bruce Franklin
STREET ADDRESS	5251 MYRTLEWOOD	1.3 STREET ADDRESS	149 Cocoanut Avenue
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, Florida 34236
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKLIN, MARY E.	2.2 NAME	Andrew Franklin
STREET ADDRESS	5251 MYRTLEWOOD	2.3 STREET ADDRESS	4 Greenwich Cove Drive
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Old Greenwich, Connecticut 06870
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99 **941/371-4374**
 Date Daytime Phone #

CR2E034 (11/98)