

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 # **H34457** (2)

1. Corporation Name
BARTRAM & BRAKENHOFF OF FLORIDA, INC.

Principal Place of Business

**C/O CHARLES LEA HUME
701 BRICKELL AVE 16
MIAMI FL 33131
US**

Mailing Address

**C/O CHARLES LEA HUME
701 BRICKELL AVE 16 FL
MIAMI FL 33131-2822
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
12/17/1984

3a. Date of Last Report
03/22/1996

4. FEI Number
06-1121536

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

**CHARLES LEA HUME, ESQUIRE
BAKER & MCKENZIE
701 BRICKELL AVE 16TH FL
MIAMI FL 33131**

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, and further with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person who is authorized to execute this report (if not the registered agent, then the president or a director)

(PFR) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

12.1	NAME	PD BARTRAM, JR., J. BURR	☐ DELETE
12.2	STREET ADDRESS	2 MARINA PLAZA, GOAT ISLAND	
12.3	CITY-STATE-ZIP	NEWPORT RI	
12.4	TITLE	STD	☐ DELETE
12.5	NAME	BRAKENHOFF, BRUCE R.	
12.6	STREET ADDRESS	2 MARINA PLAZA, GOAT ISLAND	
12.7	CITY-STATE-ZIP	NEWPORT RI	
12.8	TITLE		☐ DELETE
12.9	NAME		
12.10	STREET ADDRESS		
12.11	CITY-STATE-ZIP		
12.12	TITLE		☐ DELETE
12.13	NAME		
12.14	STREET ADDRESS		
12.15	CITY-STATE-ZIP		
12.16	TITLE		☐ DELETE
12.17	NAME		
12.18	STREET ADDRESS		
12.19	CITY-STATE-ZIP		
12.20	TITLE		☐ DELETE
12.21	NAME		
12.22	STREET ADDRESS		
12.23	CITY-STATE-ZIP		
12.24	TITLE		☐ DELETE
12.25	NAME		
12.26	STREET ADDRESS		
12.27	CITY-STATE-ZIP		
12.28	TITLE		☐ DELETE
12.29	NAME		
12.30	STREET ADDRESS		
12.31	CITY-STATE-ZIP		
12.32	TITLE		☐ DELETE
12.33	NAME		
12.34	STREET ADDRESS		
12.35	CITY-STATE-ZIP		
12.36	TITLE		☐ DELETE
12.37	NAME		
12.38	STREET ADDRESS		
12.39	CITY-STATE-ZIP		
12.40	TITLE		☐ DELETE
12.41	NAME		
12.42	STREET ADDRESS		
12.43	CITY-STATE-ZIP		
12.44	TITLE		☐ DELETE
12.45	NAME		
12.46	STREET ADDRESS		
12.47	CITY-STATE-ZIP		
12.48	TITLE		☐ DELETE
12.49	NAME		
12.50	STREET ADDRESS		
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12.52	TITLE		☐ DELETE
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12.68	TITLE		☐ DELETE
12.69	NAME		
12.70	STREET ADDRESS		
12.71	CITY-STATE-ZIP		
12.72	TITLE		☐ DELETE
12.73	NAME		
12.74	STREET ADDRESS		
12.75	CITY-STATE-ZIP		
12.76	TITLE		☐ DELETE
12.77	NAME		
12.78	STREET ADDRESS		
12.79	CITY-STATE-ZIP		
12.80	TITLE		☐ DELETE
12.81	NAME		
12.82	STREET ADDRESS		
12.83	CITY-STATE-ZIP		
12.84	TITLE		☐ DELETE
12.85	NAME		
12.86	STREET ADDRESS		
12.87	CITY-STATE-ZIP		
12.88	TITLE		☐ DELETE
12.89	NAME		
12.90	STREET ADDRESS		
12.91	CITY-STATE-ZIP		
12.92	TITLE		☐ DELETE
12.93	NAME		
12.94	STREET ADDRESS		
12.95	CITY-STATE-ZIP		
12.96	TITLE		☐ DELETE
12.97	NAME		
12.98	STREET ADDRESS		
12.99	CITY-STATE-ZIP		
12.100	TITLE		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	☐ Change ☐ Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY-STATE-ZIP	
13.5	TITLE	☐ Change ☐ Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY-STATE-ZIP	
13.9	TITLE	☐ Change ☐ Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY-STATE-ZIP	
13.13	TITLE	☐ Change ☐ Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY-STATE-ZIP	
13.17	TITLE	☐ Change ☐ Addition
13.18	NAME	
13.19	STREET ADDRESS	
13.20	CITY-STATE-ZIP	
13.21	TITLE	☐ Change ☐ Addition
13.22	NAME	
13.23	STREET ADDRESS	
13.24	CITY-STATE-ZIP	
13.25	TITLE	☐ Change ☐ Addition
13.26	NAME	
13.27	STREET ADDRESS	
13.28	CITY-STATE-ZIP	
13.29	TITLE	☐ Change ☐ Addition
13.30	NAME	
13.31	STREET ADDRESS	
13.32	CITY-STATE-ZIP	
13.33	TITLE	☐ Change ☐ Addition
13.34	NAME	
13.35	STREET ADDRESS	
13.36	CITY-STATE-ZIP	
13.37	TITLE	☐ Change ☐ Addition
13.38	NAME	
13.39	STREET ADDRESS	
13.40	CITY-STATE-ZIP	
13.41	TITLE	☐ Change ☐ Addition
13.42	NAME	
13.43	STREET ADDRESS	
13.44	CITY-STATE-ZIP	
13.45	TITLE	☐ Change ☐ Addition
13.46	NAME	
13.47	STREET ADDRESS	
13.48	CITY-STATE-ZIP	
13.49	TITLE	☐ Change ☐ Addition
13.50	NAME	
13.51	STREET ADDRESS	
13.52	CITY-STATE-ZIP	
13.53	TITLE	☐ Change ☐ Addition
13.54	NAME	
13.55	STREET ADDRESS	
13.56	CITY-STATE-ZIP	
13.57	TITLE	☐ Change ☐ Addition
13.58	NAME	
13.59	STREET ADDRESS	
13.60	CITY-STATE-ZIP	
13.61	TITLE	☐ Change ☐ Addition
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13.63	STREET ADDRESS	
13.64	CITY-STATE-ZIP	
13.65	TITLE	☐ Change ☐ Addition
13.66	NAME	
13.67	STREET ADDRESS	
13.68	CITY-STATE-ZIP	
13.69	TITLE	☐ Change ☐ Addition
13.70	NAME	
13.71	STREET ADDRESS	
13.72	CITY-STATE-ZIP	
13.73	TITLE	☐ Change ☐ Addition
13.74	NAME	
13.75	STREET ADDRESS	
13.76	CITY-STATE-ZIP	
13.77	TITLE	☐ Change ☐ Addition
13.78	NAME	
13.79	STREET ADDRESS	
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13.84	CITY-STATE-ZIP	
13.85	TITLE	☐ Change ☐ Addition
13.86	NAME	
13.87	STREET ADDRESS	
13.88	CITY-STATE-ZIP	
13.89	TITLE	☐ Change ☐ Addition
13.90	NAME	
13.91	STREET ADDRESS	
13.92	CITY-STATE-ZIP	
13.93	TITLE	☐ Change ☐ Addition
13.94	NAME	
13.95	STREET ADDRESS	
13.96	CITY-STATE-ZIP	
13.97	TITLE	☐ Change ☐ Addition
13.98	NAME	
13.99	STREET ADDRESS	
13.100	CITY-STATE-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 provided 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 on Block 12 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER FOR DIRECTOR

3/17/97 401-846-7355

CR2E034 (9/96)