

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **489730** (2)

1. Corporation Name

**BRAISTED ENTERPRISES, INC.**



Principal Place of Business

Mailing Address

**5809 NORTH FEDERAL HWY  
BOCA RATON FL 33487**

**5809 NORTH FEDERAL HWY  
BOCA RATON FL 33487**

2. Principal Place of Business

2a. Mailing Address

21 **5201 N. Dixie Hwy**  
Suite, Apt. #, etc.

26 **5201 N. Dixie Hwy**  
Suite, Apt. #, etc.

22 **Boca Raton, Fla.**  
City & State

27 **Boca Raton, Fla.**  
City & State

23 **33487 Boca Raton, Fla.**  
Zip

28 **Boca Raton, Fla.**  
Zip

24 **33487** **Palm Beach**  
Country

29 **33487** **Palm Beach**  
Country

9. Name and Address of Current Registered Agent

**KURZINGER, ARNOLD F.  
301 YAMATO ROAD  
SUITE 3101  
BOCA RATON FL 33431**

3. Date Incorporated or Qualified

**11/18/1975**

3a. Date of Last Report

**01/23/1995**

4. FEI Number

**59-2678120**

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

10. Name and Address of New Registered Agent

81 Name

**Gary M. Braisted**

82 Street Address (P.O. Box Number is Not Acceptable)

**5201 N. Dixie Hwy**

83

84

**Boca Raton**

FL

85 Zip Code

**33487**

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 **Gary M. Braisted V.P.**

(NOTE: Registered Agent signature required when reinstating)

**2/6/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>BRAISTED, MELVIN C.</b>	
STREET ADDRESS	<b>800 N.E. 4TH ST.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	<b>BRAISTED, MARCELLE C.</b>	
STREET ADDRESS	<b>800 N.E. 4TH ST.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>BRAISTED, GARY M.</b>	
STREET ADDRESS	<b>1100 PEPPERIDGE TERRACE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Braisted, Gary M.</b>
3.3 STREET ADDRESS	<b>5201 N. Dixie Hwy</b>
3.4 CITY-ST-ZIP	<b>Boca Raton, FL 33487</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: **Gary M. Braisted V.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/6/96**

Date

**407 997-5522**

Daytime Phone #

CR2E034 (12/95)