Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90126 024 \*\*\*150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 497887**

1. Corporation Name

C. BRANDON & CO., P.A.

Principal Place	of Business	Mailing Ad	ddress									
1881 NE 26TH S		1881 NE 20										
#203		#203										
FT. LAUDERDALE FL 33305			FT. LAUDERDALE FL 33305				<u> </u>	DO NOT WRITE IN THIS SPACE				
US		US					1 **	rated or Qualifed				
		1 2 44 50					03/02/197 4. FEI Number				plied For	
<del></del>	lace of Business		g Address			•	59-16463	60		<u> </u>	t Applicable	
21]	# -4-	26 Suite	Ant # etc				33 10403	00		\$8.75		
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.				5. Certifcate of	Status Desired		Fee Re		
City & State		27   City &	State			=======================================	6 Election Car	npaign Financing	<del></del>	\$5.00	May Be	
23		28					Trust Fund (			Added t		
Zip	Country	Zip		Cour	ntry		8. This corpora	tion owes the cur	rent year In	tangible		
24	25	29	Ī:	30			Personal Pr		•	Yes	□No	
	9. Name and Address of Curre		\gent				10. Name and	Address of New	Registered	Ágent		
	, , , , , , , , , , , , , , , , , , , ,				81	Name						
	NDON, CHARLES F			-	82	Street Ad	Idress (P.O. Box Num	ber is Not Accept	able)		_	
	NE 26TH ST				-	000.7.0			<b>,</b>		_	
#203					83						İ	
FT. L	AUDERDALE FL 33305			ŀ	84	City				85 Zip (	Code	
						•			FI.	•		
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	502 and 607.1508	B, Florida Statute	s, the at	bove	-named co	proporation submits this	statement for the	purpose of	f changing its intment as re	registered distered	
Office of fi	edistered agent, of both, in the Stat	e of Florida. Suci				tha corpora			pt inc appo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9.0	
agent. I a	m familiar with, and accept the oblig	gations of, Section	n 607.0505, Flori	tnonzed da Statu	iby i	the corpora	200110 20010 01 011000	,, , ,,y <u></u>				
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6.4 CITY-ST-ZIP

Ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an runtee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

14. I hereby certify that the information supplied with this indicated on this annual recent of supplemental aprilus officer or director of the portor from or the receiver of Block 12 or Block 13 if charged, or on an attachment

CITY-ST-ZIP \$

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/99 (954) 396-9984