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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 570205

(5)

HANFORD G. BRACE, P.A.

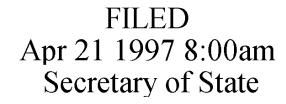
Principal Place of Business

8801 US HWY 27 N. STE 8-4 BEBRING FL 33870

Mailing Address 6801 US HWY 27 N. STE B-4

STONE PROPERTY

SEBRING FL 33870-1000





3a. Date of Last Report 04/00/4000

941-452-

11/16/101

3. Date Incorporated or Qualified

					U4/24/18/0	U4/4	04/20/1990		
~ 1	Place of Business	2a. Mailing Address			4. FEI Number 59-1791957		F-4-	Applied For	
Sulte, Apt.	# 010	Suite, Apt. #, etc.			1081811-80			Not Applicable	
Sulle, Apr.	#, 9tC.	27 Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required	
City & Stat	θ	City & State			6. Election Campaign Financing		\$5.0	0 May Be	
<u>l</u>		28			Trust Fund Contribution		Adder	d to Fees	
Zip	Country Zip			/	8. This corporation has liability to			s. 199.032,	
25 29 30				Florida Statutes Yes No					
	9. Name and Address of Curren	I Registered Agent		1	10. Name and Address of New	Registered	Agent		
	CE, HANFORD G.		81	Name					
6801 US HWY 27 N, STE B-4				Street Add	iress (P.O. Box Number is Not Accep	table)			
SEBI	RING FL 33870							·	
			83	{					
			84	City			85 Zip	Code	
				,		FL	, '		
1. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statut	les, the above	e-named corp	poration submits this statement for the	e purpose o	changing	its registered	
agent. I a	im familiar with, and accept the oblig-	ations of, Section 607.0505, Fl	orida Statute:	у ше согрога \$.	mon's board of directors, thereby ac	rebring sph	OIII, III BIN A	.s registered	
IGNATURE									
	Signature, typed or printed name of registered ago			ent signature requi	ired when reinstating)	DATE			
2	OFFICERS AN		13.	·	ADDITIONS/CHANGES TO OF	FICERS AND			
TLE	PD	☐ DELETE	1.1 TITLE				☐ Change	Addition	
ame ·	BRACE, HANFORD G		1.2 NAME	l					
TREET ADDRESS	6801 US HWY 27 N, #B-4		1.3 STREET	ADDRESS					
ITY-SY-ZIP	SEBRING FL		1.4 CITY - S	S1- ZIP					
ATLE :	SV	LJ DELETE	2.1 TITLE	-			Change	Addition	
IAME	BRACE, ONA J		2.2 NAME						
TREET ADDRESS	6801 US HWY 27 N, #B-4		23 STREFT	ADDRESS					
ITY-ST-ZIP	SEBRING FL		2 4 CITY-1	S1 - ZIP					
TLE	P	☐ DELETE	3.1 TITLE				☐ Change	Addition	
IAME	BRACE, HG		3.2 NAME						
treet adoress	6801 US HWY 27 N, #B-4		33 STREET	ADDRESS					
ity-st-zip	SEBRING FL		3.4. CITY - 5	ST-ZIP					
TLE		□ DELETE	4.1 Trīlē				☐ Change	Addition	
iame)			4. 2 NAME						
TREET ADORESS			4.3 STREET	ADDRESS					
ITY-ST-ZIP			4 4 CITY - S	ST - ZIP			 -		
TLE		DELETE	5.1 Trī LE				☐ Change	Addilion	
AME			5.2 NAME						
TREET ADDRESS			5.3 STREET	ADDRESS					
ITY-ST-ZIP			5.4 CITY-S	I - ZIP					
TLE		DELETE	6.1 TITLE				☐ Change	Addition	
AME			6.2 NAME						
TREET ADDRESS			6.3 STREET	ADDRESS					
ITY-ST-ZIP			6.4 CITY-S						
4. I do heret	by certify that the information supplied	with this filing does not qualif	fy for the exe	mption stated	d in Section 119.07(3)(i), Florida Statu	ites. I further	certify tha	t the	
I am an of	in indicated on this annual report or s fficer or director of the corporation or	the receiver or trustee empow	rered to exec	rate and that tute this repo	rmy signature snall have the same le rt as required by Chapter 607, Florid	gai ellect as a Statules; a	ા made ui nd that my	noer oatri; tha name	
appears in	n Block 12 or Block 13 if changed, or	on an attachment with an add	iress.	. (. , ,		941-11		