

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 3:57

DOCUMENT # 600261 (2)

1. Corporation Name
**BRANDON, JONES, SANDALL, ZEIDE, KOHN, CHALAL & M
USSO, P.A.**

Principal Place of Business
**4801 S CONGRESS AVE
LAKE WORTH FL 33461**

Main Address
**4801 S CONGRESS AVE
LAKE WORTH FL 33461**

cto Dan Roselli, C.P.A.

3. Date of Incorporation (or Date of
12/29/1966 3d. Date of Report
07/06/1994

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country
25 Country

2a. Mailing Address
26
27
28
29
30

**2135 South Congress Ave
Suite 1 C
West Palm Beach
Florida 33406**

4. FEI Number
59-1155249

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
**SANDALL EDWARD W
4801 S CONGRESS AVE
LAKE WORTH FL 33461**

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 607.1509, 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 must be printed in name of registered agent and typed if applicable) (NOTE: Registered Agent signature required when necessary) (Date)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SANDALL, EDWARD W
STREET ADDRESS	4801 S CONGRESS AVE.
CITY - ST - ZIP	LAKE WORTH FL
TITLE	VP
NAME	ZEIDE, MICHAEL
STREET ADDRESS	4801 S CONGRESS AVE.
CITY - ST - ZIP	LAKE WORTH FL
TITLE	T
NAME	CHALAL, JOSEPH
STREET ADDRESS	4801 S CONGRESS AVE
CITY - ST - ZIP	LAKE WORTH FL
TITLE	S
NAME	KOHN MARVIN A.
STREET ADDRESS	4801 S CONGRESS AVE
CITY - ST - ZIP	LAKE WORTH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information reported with this filing is accurately furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information indicated on this annual report or supplemental amendment is true, correct and complete 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 and consent to include this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

[Handwritten Signature]
2/8/94