

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 22 1996 8:00 am
Secretary of State

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**

Mailing Address
**C/O ROSELLI, DAN CPA
2135 SOUTH CONGRESS AVE #1C
W PALM BEACH FL 33406
US**

3. Date Incorporated or Qualified
12/29/1966

3a. Date of Last Report
02/14/1995

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

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29

Country
25

Country
30

4. FEI Number
59-1156249

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

10. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SANDALL, EDWARD W	
STREET ADDRESS	4801 S CONGRESS AVE.	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ZEIDE, MICHAEL	
STREET ADDRESS	4801 S CONGRESS AVE.	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CHALAL, JOSEPH	
STREET ADDRESS	4801 S CONGRESS AVE	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KOHN MARVIN A.	
STREET ADDRESS	4801 S CONGRESS AVE	
CITY - ST - ZIP	LAKE WORTH FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 19.07(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: **JOSEPH CHALAL** _____ Date: **4/17/96** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **407-965-5455**

CR2E034 (12/95)