

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 666399 (1)

1. Corporation Name

PICOTRIN TECHNOLOGY, INC.



Principal Place of Business

Mailing Address

**3990 SEACREST BLVD
LANTANA FL 33462
US**

**3990 SEACREST BLVD.
LANTANA FL 33462-5148
US**

3. Date Incorporated or Qualified
04/10/1980

3a. Date of Last Report
07/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRAND, JR., LEONARD A.
3990 SEACREST BLVD
LANTANA, FLORIDA 33462**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **BRAND, HUNT K.**
STREET ADDRESS **6515 BAY ST**
CITY-ST-ZIP **ST PETE BEACH FL**

TITLE **DVT** ☐ DELETE
NAME **BRAND, JR., LEONARD A.**
STREET ADDRESS **3990 SEACREST BLVD**
CITY-ST-ZIP **LANTANA, FL. 00000**

TITLE **DS** ☒ DELETE
NAME **BRAND, MARJORIE H.**
STREET ADDRESS **3990 SEACREST BLVD**
CITY-ST-ZIP **LANTANA, FL. 00000**

TITLE **DV** ☐ DELETE
NAME **BRAND, III LEONARD A.**
STREET ADDRESS **5600 N DIXIE HWY #1506**
CITY-ST-ZIP **W PALM BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE **DV** ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE **DS** ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE **DP** ☒ Change ☐ Addition
42 NAME **BRAND, III LEONARD A.**
43 STREET ADDRESS **915 ISLAND AVE #1602**
44 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

51 TITLE **DT** ☐ Change ☒ Addition
52 NAME **CLAY S. BRAND**
53 STREET ADDRESS **3802 WALL ST**
54 CITY-ST-ZIP **DELRAY BCH, FL. 33444**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 617, 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 SIGNING OFFICER OR DIRECTOR

HUNT K. BRAND

7/18/96
Date

813/363-7164
Daytime Phone

CR2E034 (3/96)