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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F10398** **(8)**

1. Corporation Name
BRANTEX, INC.

Principal Place of Business	Mailing Address
2700 N. 29 AVE #301A HOLLYWOOD FL 33020	2700 N. 29 AVE #301A HOLLYWOOD FL 33020-1520

3. Date Incorporated or Qualified: **11/14/1980**
3a. Date of Last Report: **06/06/1996**

2. Principal Place of Business	2a. Mailing Address
21 2750 N29 Ave	26 2750 N29 Ave
Suite, Apt. #, etc. 22 #118	Suite, Apt. #, etc. 27 #118
City & State 23 Hollywood, Fl	City & State 28 Hollywood Fl
Zip / Country 24 33020 / 25	Zip / Country 29 33020 / 30

4. FEI Number: **59-2038915** ☐ Applied For ☐ Not Applicable

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
MOPSICK, MICHAEL D 7000 W. PALMETTO PARK ROAD #203 BOCA RATON FL 33433	81 Name: Michael D. Mopsick 82 Street Address (P.O. Box Number is Not Acceptable): 7777 Glades Rd 83 Suite 200 84 City: Boca Raton FL 85 Zip Code: 33434

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] President MA
Signature of typed or printed name of individual agent (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	1.1 TITLE	☐ Change ☐ Addition
NAME	ZINGLER, MARC	1.2 NAME	
STREET ADDRESS	2750 N. 29 AVE #118	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HATCH-ZINGLER, LAURIE	2.2 NAME	
STREET ADDRESS	2750 N. 29 AVE. #118	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] MARC B. Zingler 1/20/97 954-925-7744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0127029