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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F34785

(8)

**BRASCAN INCORPORATED** 

## FILED May 15 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address				Bin aibn bibil G:Bil \$ton \$4	ALIA BABAN HABA
1401-N-LAKESHORE DR- SARAGOTA-FL-04201		1904-N-LAKESHORE-DIT BARASOTA-FL-84281			DO NOT WRI	TE IN THIS SPACE	
				3	3. Date Incorporated or Qualified		
					05/14/1981		
2. Principal Place of Business 2a. Mailing Address 215440 EAGUES PT · UR · 26 5440 EAGUE			O A	10 4	I. FEI Number	<del> </del>	Applied For
	SM.CK.	26 5440 EAGU	BALLE	1K.	59-2114525		Not Applicable
Sulte, Apt. #, etc. 22 # 403		Suite, Apt. #, etc. 27 4 403		6	5. Certificate of Status Desired		Additional Required
City & State  23 SARASOTA,	FL	City & State  SARASOTA	FL	€	3. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
<sup>Zip</sup> 34231	Country	29 USA K	30 3423	٤ / ا	3. This corporation owes or has personal Property Tax due Jui		ntangible
	and Address of Current		30 5700	<u> </u>	). Name and Address of New F		
BRAAM, JOHN 81 Name							
					(D.O. Boy Mumber in Alat Accept	abla)	
SARASOTA FL 34231				440 E	P.O. Box Number is Not Accept	Ř.	
			83	# 440 3	}		
			84 City	<del>7</del> - (U)	·	85 Zip	Code.
				SARAS	sota	FL 👸 3	1231
<ol> <li>Pursuant to the provisi office or registered ag</li> </ol>	ons of Sections 607.0502 ont, or both, in the State o	and 607.1508, Flori <b>da Sta</b> tute f Florida. Such cha <b>nge was</b> a	is, the above-namuthorized by the <u>c</u>	ned corporati perpopation's	on submits this statement for the board of directors. I hereby according	e purpose of changing ept the appointment a	its registered is registered
agent. I am familiar wit	h, and accept the obligati	ons of, Section 607.0505, Flo	rida Statutes. 🤇	Va.		11/12/100	
SIGNATURE Signature troud	JOHO BICK	my pkes.	: Registered Agent sign		on coloctating)	4(13(48)	
<b>12.</b>	OFFICERS AND		13.	diore required with	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 12
TITLE P		☐ DELETE	1.1 TITLE	<del>-</del>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Change	☐ Addition
NAME BRAAM,	JOHN		1.2 NAME				
STREET ADDRESS -1404-N-1	<del>-akeshore dr</del> -		1.3 STREET ADDRES	ss 544	casota, pl	1R #403	, [¿
	TA, FL.O.		1.4 CITY - ST - ZIP	SAN	easota, pu :	34281	
TITLE VP		☐ DELETE	2.1 TITLE			Change	Addition C
NAME HOWES,			2.2 NAME	Sille	EAGIET OT AL	a thinit	
	TH CRT-E:		2.3 STREET ADDRES	SS   3446	EAGLES PT.CI	K, 4-104	1
CITY-ST-ZM - BRADEN	IUN-PL-	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	SFTI	rasota, Fl 34	Change	Addition
NAME			3.2 NAME			Cuange	L. Addition
STREET ADDRESS			3.3 STREET ADDRES	22			
CITY-ST-ZIP			3.4. CITY-ST-ZiP				
TITLE		☐ DELETE	4.1 TITLE		······································	Change	Addition
NAME			4. 2 NAME	ļ			
STREET ADDRESS			4.3 STREET ADDRES	ss			
CITY-ST-ZIP			4.4 CHTY - ST - ZIP				
TITLE		☐ DELETE	\$.1 TITLE			Change	Addition
NAME			5.2 NAME	-			
STREET ADDRESS			5.3 STREET ADDRES	SS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		——————————————————————————————————————					
		DELETE	6.1 TITLE			Change	Addition
NAME		☐ DELETE	6.2 NAME			Change	L Addition
		☐ DELETE		SS		Change	L_J Addition

indicated on this annual report or supplied with this limit does not qualify for the exemption stated in Section 119.07(5)(f), Florida Statutes. Therefore certify that the Information indicated on this annual report or suppliemental 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 on 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.

CICMATURE.

4/28/98 (941)925-226