

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 24 AM 11:16

DOCUMENT # F41533 (3)

1. Corporation Name
B.R.A.P. INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
100 W ROYAL PALM WAY
BOCA RATON FL 33432

Mailing Address
100 W ROYAL PALM WAY
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/24/1981 3a. Date of Last Report 02/28/1994

4. FEI Number 59-2120952 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

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

~~CANTRELL, LONNIE~~
100 W ROYAL PALM RD
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name DALE HURAYT
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

Dale E. Hurayt

DALE E. HURAYT

X 2-20-95

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CANTRELL, LONNIE
STREET ADDRESS	2424 NE 82ND STREET
CITY-ST-ZIP	FT LAUDERDALE, FL 00000
TITLE	VD
NAME	SEVY, JACK
STREET ADDRESS	R.D. 1, BOX 10
CITY-ST-ZIP	SMITHTON PA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	DALE E. HURAYT	
1.3 STREET ADDRESS	5470 INWOOD DR	
1.4 CITY-ST-ZIP	DELRAY BCH, FL 33484	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 in an attachment with an address.

SIGNATURE: *Dale E. Hurayt*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

DALE E. HURAYT

X 2-20-95

X 402-395-5300