

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F46430

(7)

1. Corporation Name

BRYANT REPORTING, INC.

Principal Place of Business

5400 NW 39 AVENUE  
M112  
GAINESVILLE F 32606  
US

Mailing Address

P.O. BOX 641  
GAINESVILLE FL 32602-0641  
US

2. Principal Place of Business

21 141 S.W. 96 Terrace

Suite, Apt. #, etc.

22 APT. 107

City & State

23 PLANTATION, FL.

Zip

24 33324

Country

25 BROWARD

2a. Mailing Address

26 P.O. Box 17532

Suite, Apt. #, etc.

27

City & State

28 PLANTATION, FL.

Zip

29 33318

Country

30 BROWARD

9. Name and Address of Current Registered Agent

RUBIN, ALLAN M.  
201 SOUTH BISCAYNE BLVD.  
1500 MIAMI CENTER  
MIAMI FL 33131

3. Date Incorporated or Qualified

09/29/1981

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2207728

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

10. Name and Address of New Registered Agent

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE PD  
NAME BRYANT, MARTHA A  
STREET ADDRESS 100 NE 3RD AVE #790  
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1.1 TITLE PD  
1.2 NAME BRYANT, MARTHA A.  
1.3 STREET ADDRESS 141 SW 96 TERRACE APT. 107  
1.4 CITY-ST-ZIP PLANTATION, FL. 33324

☐ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

M. Bryant

3/21/97 (954) 4734947

FILED  
May 09 1997 8:00am  
Secretary of State



CR2E034 (9/96)