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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # H29141 (9) BRAUNIG CORPORATION, INC.								
Principal Place of Business Mailing Address							il Bigif Bibil Bibil 8	EBIL BIBIL BIBIL HOBI
1832 SPRUCE CREEK BLVD EAST DAYTONA BCH. FL 32124-6778			1832 SPRUCE CREEK BLVD EAST DAYTONA BCH. FL 32124-6778					
						3. Date Incorporated or Qualified 3a 11/08/1984	Date of Last F	
2. Principal Pla	ace of Business	2a. Mailing	Address			4. FEI Number		Applied For
21 Suite, Apt. #	#. etc.	26 Suite	Apt. #. etc.			59-2463151		Not Applicable 5 Additional
22		27	.7]			5. Certificate of Status Desired	•	Required
City & State		— ·	City & State			6. Flection Campaign Financing Trust Fund Contribution		00 May Be
Zip Country		28]	Zip Country		· · · · · · · · · · · · ·	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,		
24	25		29			Florida Statutes Yes No		
	9. Name and Address of Curre	ent Registered A	gent	81	Name	10. Name and Address of New Regist	tered Agent	
RRAUI	NIG, ROBERT M.							
	SPRUCE CREEK BLVD EAST			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
DAYTO	DNA BEACH FL 32014			83				
				84	City		FL 85 Z	ip Code
SIGNATURE	Styriature, typod or pricted name of registered ago OFFICERS Al	or and torroif applicable.		OT: Flegrisece Ace	nt signature require	who consistent ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	ORS IN 12
TITLE	PST	[☐ DELETE		·· · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME BARREY ADDRESS	BRAUNIG, ROBERT M. 1832 SPRUCE CREEK BL.,				r Meneron			
CITY-ST-ZIP	DAYTONA BCH FL	•16	•		FADDRESS S1 - ZIP			
TITLE			DELETE	2 1 TIFLE			Change	☐ Addition
NAME				2.2 NAME				
STREET ADDRESS C/TY-ST-Z/P				2 3 STREE 2 4 CHY-1				
TITLE			DELETE	3 1 TILE	31 · 21r		Change	Addition
NAME				3.2 NAME				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP TITLE			DELETE	4. 1 THILE	S1 · ZiF		Change	Addition
NAME		•	_	4.2 NAME				
STREET ADDRESS				4.3 STREE	I ADDRESS			
CITY - ST - ZIP	M. A. Salin, C. P. S. C. Markett State Control of Contr	· · · · · · · · · · · · · · · · · · ·		4.4 CITY - 1	ST-ZIF			- Addition
TITLE		i] DELFTE	5 1 TITLE 5.2 NAME			Change	☐ Add₁tion
STREET ADDRESS					LADORESS			
CHTY-ST-ZIP				5.4 CITY-	ST-ZIP			
TITLE		[DELETE	6 1 TITLE			Change	☐ Addition
NAME STREET ADDRESS				6.2 NAME	I ADDRESS			
CITY-ST-ZIF				6.4 CITY - 3				
14. Ldo hereby	y certify that the information supplied the information indicated on this and	with this filing is	voluntarily fun olemental and	i shed and doe	s not a ralify fo	or the exemption stated in Section 119.07(3)((k), Florida Statu Llegal effect as i	tes. I further if made under
oath, that I	am an officer or director of the corp	oration or the roo	ever or truste	employ erec	o execute thi	ite and that my signature shall have the same s report as required by Chapter 607, Florida	Statutes; and th	at my name

SIGNATURE: Their M. Delenes (President)

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3-22-96

904-756-6401