

FILE NOW: FILING FEE AFTER MAY 1ST IS \$600.00

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90058 018 ***158.75

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M00667** H 32754

Corporation Name
Craig Bratter DB PA

Principal Place of Business Mailing Address
285 W. 74th Place
Hialeah FL 33014-5058

DO NOT WRITE IN THIS SPACE

21 Principal Place of Business	2a. Mailing Address
211 'Same As Above'	281 'Same As Above'
221 Suite, Apt. #, etc.	271 Suite, Apt. #, etc.
231 City & State	281 City & State
241 Country	291 Country
251 Zip	301 Zip

3. Date incorporated or Qualified	12/15/84
4. FEI Number	59-2465813
5. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation owes the current year intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

24. Name and Address of Current Registered Agent
Craig Bratter
285 W. 74th Place
Hialeah FL 33014-5058

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 851 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 _____ DATE _____
Signature (Typed or Printed Name of registered agent and fee is acceptable) NOTE: Registered Agent consents required when nonresident

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	1.1 TITLE
NAME	1.2 NAME
STREET ADDRESS: 285 W. 74th Place	1.3 STREET ADDRESS
CITY, ST, ZIP: Hialeah FL 33014	1.4 CITY, ST, ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	2.1 TITLE
NAME	2.2 NAME
STREET ADDRESS:	2.3 STREET ADDRESS
CITY, ST, ZIP:	2.4 CITY, ST, ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	3.1 TITLE
NAME	3.2 NAME
STREET ADDRESS:	3.3 STREET ADDRESS
CITY, ST, ZIP:	3.4 CITY, ST, ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	4.1 TITLE
NAME	4.2 NAME
STREET ADDRESS:	4.3 STREET ADDRESS
CITY, ST, ZIP:	4.4 CITY, ST, ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	5.1 TITLE
NAME	5.2 NAME
STREET ADDRESS:	5.3 STREET ADDRESS
CITY, ST, ZIP:	5.4 CITY, ST, ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	6.1 TITLE
NAME	6.2 NAME
STREET ADDRESS:	6.3 STREET ADDRESS
CITY, ST, ZIP:	6.4 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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, but otherwise like any other.

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

04/27/99