

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

FILED
Apr 29 1997 8:00am
Secretary of State

DOCUMENT # H50338 (3)
1. Corporation Name
KIRSCHNER-BRAKE REALTY CORPORATION, INC.



Principal Place of Business
3802 EHRLICH ROAD, SUITE 311
TAMPA FL 33624

Mailing Address
3802 EHRLICH ROAD, SUITE 311
TAMPA FL 33624-2375

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 3802 Ehrllich Rd		26 3802 Ehrllich Rd.		04/03/1985		03/26/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 Suite 106		27 Suite 106		59-2535655		Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 TAMPA, FL		28 TAMPA, FL		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24 33624		25 USA		29 33624		30 USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

KIRSCHNER, TOM
3802 EHRLICH ROAD, SUITE 311
TAMPA FL 33624

81 Name THOMAS H KIRSCHNER
82 Street Address (P.O. Box Number is Not Acceptable) 3802 Ehrllich Rd
83 Suite 106
84 City TAMPA FL 85 Zip Code 33624

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D
NAME	KIRSCHNER, TOM	1.2 NAME	THOMAS H. KIRSCHNER
STREET ADDRESS	3802 EHRLICH RD STE 311	1.3 STREET ADDRESS	3802 EHRLICH RD, Suite 106
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33624
TITLE	D	2.1 TITLE	D
NAME	KIRSCHNER, JOYCE	2.2 NAME	Joyce Kirschner
STREET ADDRESS	3802 EHRLICH RD STE 311	2.3 STREET ADDRESS	3802 EHRLICH RD, Suite 106
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33624
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Thomas H. Kirschner 4/21/97 813/968-2959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #