

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H74780** (8)

1. Corporation Name  
**BRAKORA & ASSOCIATES, INC.**



Principal Place of Business: % WILLIAM R. BRAKORA, 358 THIRD ST NW, WINTER HAVEN FL 33881  
Mailing Address: % WILLIAM R. BRAKORA, 358 THIRD ST NW, WINTER HAVEN FL 33881

3. Date Incorporated or Qualified: 09/04/1985  
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	2a. Mailing Address	4	FEI Number	Applied For
		26			59-2581472	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	
24	Zip	29	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRAKORA, WILLIAM R.  
358 THIRD ST NW  
WINTER HAVEN FL 33881

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BRAKORA, WILLIAM R.	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS	348 SUWANEE RD SE	13 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	14 CITY - ST - ZIP	
TITLE	V HUFF, ELIZABETH T.	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS	550 AVENUE B NE	23 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	24 CITY - ST - ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 119.07(3)(k), 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: *William R. Brakora*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 991 299 8333  
DATE Daytime Phone #

CR2E034 (12/95)