

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 JUL 25 AM 10:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J20513 (4)
 1. Corporation Name
BRAUER & ASSOCIATES, INC.



Principal Place of Business 5555 CENTRAL AVENUE ST. PETERSBURG FL 33710	Mailing Address 5555 CENTRAL AVENUE ST. PETERSBURG FL 33710
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	City & State
23 Zip	Country
24 Country	Zip

3. Date Incorporated or Qualified 06/23/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2687505	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BRAUER, GERALD G.
5555 CENTRAL AVENUE.
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 700002255257--7
83 City & State -08/01/97--01084--024 ****165.00 ****165.00
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	NAME BRAUER, GERALD G.	<input type="checkbox"/> DELETE
STREET ADDRESS 6755 12TH AVE. NO.	CITY-ST-ZIP ST. PETERSBURG FL	
TITLE VP	NAME NOAKES, KENTON W.	<input type="checkbox"/> DELETE
STREET ADDRESS 12368 CAPRI CIRCLE	CITY-ST-ZIP TREASURE ISLAND FL	
TITLE D	NAME O'CONNELL, PHILIP J.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 4260 CENTRAL AVE.	CITY-ST-ZIP ST. PETERSBURG FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME MOUMNEH, RAMZY	
1.3 STREET ADDRESS 11612 FOX CREEK DR.	
1.4 CITY-ST-ZIP TAMPA, FL. 33635	
2.1 TITLE DIRECTOR/GENERAL COUNSEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME KIEFNER, JOHN R.	
2.3 STREET ADDRESS 11805 6TH ST. E	
2.4 CITY-ST-ZIP TREASURE ISLAND, FL. 33706	
3.1 TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME VALENTE, ANN	
3.3 STREET ADDRESS 6260 29TH AVE. NO.	
3.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33710	
4.1 TITLE FINANCIAL OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME BORLAND, JOEL PATRICK	
4.3 STREET ADDRESS 6260 29TH AVE. NO.	
4.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33710	
5.1 TITLE COMPLIANCE OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME MARTIN, BRENTLEY CHAD	
5.3 STREET ADDRESS 361 SENECA LANE	
5.4 CITY-ST-ZIP BOCA RATON, FL 33487	
6.1 TITLE COMPLIANCE OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME VIDAL, JOSEPH MICHAEL	
6.3 STREET ADDRESS 145 WELLINGTON CT, APT #3E	
6.4 CITY-ST-ZIP STATEN ISLAND, NY 10314	

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 _____ DATE **7-21-97** (20) 291 5555

CR2E034 (4/97)

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BRAUER & ASSOCIATES
Incorporated

◆ INVESTMENT SERVICES ◆

July 18, 1997

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Profit Corporation Annual Report Packet

Gentlemen,

Yesterday we received from your office an annual report package, 2nd notice, with an accompanying late fee. We have not, however, yet received your 1st report package. Our mail department is generally very thorough, and it is our policy to attend to all official correspondences promptly, but we simply can not respond to mail that we do not get. We have spoken with Tom, a supervisor at the Division of Corporations (904) 488-9000, and he has instructed us to pay \$165 in filing fees and no additional late fees. Enclosed is our check for \$165. Thank you for your cooperation in this matter.

Sincerely,

Joel Patrick Borland
Operations Department