FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(9)

DOCUMENT # J74626

HICKS AND BRAMS, P.A.

FILED Mar 25 1998 8:00am Secretary of State



<u></u>		·-·				_{		
Principal Place of Business Mailing Address								
1845 PALM BEACH LAKES BLVD. 1645 PALM BEACH LAKES			BLVD.			1		
SUITE 1050 W. PALM BEACH FL 33401		SUITE 1050 W. Palm Beach Fl. 33401				DO NOT WRITE IN THIS SPACE		
W. FALM DENOTE SONO						3. Date Incorporated or Qualified	SPACE	
						05/14/1987		
	Place of Business	2a. Mailing Address				4. FEI Number	Applied For	
21		26				59-2801704	Not Applica	able
Suite, Apt. #, etc.		Suite, Apt. #, etc.	——————————————————————————————————————			5. Certificate of Status Desired	\$8.75 Additional	1
City & State		[27]	City & State				Fee Required	
23		· ·	land the second			6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	28	Cour	ntru		Trust Fund Contribution	Added to Fees	\dashv
24	25		30	n y		8. This corporation owes or has paid the cur Personal Property Tax due June 30.	rrent year Intangible ☐ Yes ☐ No	
	g. Name and Address of Curre		30 ₁			10. Name and Address of New Registered		\dashv
BRAMS, DANIEL J.					Name	10.		
1645 PALM BEACH LAKES BLVD.				_				
	MTE 1050 -		['	82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
W.	PALM BEACH FL 33401		į.	83				\neg
	•		-	84	City	FL	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.04	02 and 607 1508 Florida Statute	e the sh		named corpo			
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 jumited name of regulated agent and title diagnicable (NOTE Registered Agent signature required when reinstating) DATE								
12.	OFFICERS A	ND DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	-1
TITLE	PSD	☐ DELETE	1.1 TITL	LE .			☐ Change ☐ Addit	tion
NAME	HICKS, JAMES H.		1.2 NAM	ΜE				
STREET ADORESS	14434 CYPRESS ISLAND C		1.3 STR	EET A	address			
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CHTY-ST-ZiP		- ZiP			
TITLE	VTD	DELETE	2.1 TITL	.E			Change Addit	tion
NAME	BRAMS, DANIEL J.		2.2 NAM	ΛE	1			i
STREET ADDRESS	2527 EMBASSY DRIVE		2.3 STR	EET A	ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL		2.4 CIT	Y-ST	- 21P			
TITLE	DELETE		3.1 TITL	.E			☐ Change ☐ Addit	lion
NAME			3.2 NAN	đΕ				
STREET ADDRESS			. 3.3 STR	EET A	LODRESS			
CITY - ST - ZIP			3.4 CIT		- ZIP			
TITLE		☐ DELETE	4.1 TITL				☐ Change ☐ Addit	tion
NAME			4. 2 NAI					1
STREET ADDRESS			4.3 STR	EET AI	address			
CITY-ST-ZIP		Delete	44 CITY		- ZIP		T-1 &	
TITLE		☐ DELETE	5.1 TITL		İ		Change Addit	100
NAME			5.2 NAM					
STREET ADDRESS			5.3 STR					
CITY-ST-ZIP		DELETE	5.4 CITY		ZIP		T 05	
TITLE			6.1 T!TL				Change Addit	ion
NAME OXPECT ADDRESS			6.2 NAW					[
STREET ADDRESS			6.3 STRI					1
CITY+ST-ZIP			6.4 CITY	-ST-	ZIP			

I nereby 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 suppliemental 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: