

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

4-13-95 B-3422 C

CORPORATION ANNUAL REPORT 1995

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 13 PM 12:30

DOCUMENT # **K52063 (0)**

1. Corporation Name  
**BRAECKEL'S, INC.**

Principal Place of Business: **19332 GULF STREAM DR. TEQUESTA FL 33469**

Mailing Address: **19332 GULF STREAM DR. TEQUESTA FL 33469**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/12/1988</b>	3a. Date of Last Report <b>11/04/1994</b>
21	Suite, Apt. #, etc.		26	4. FEI Number <b>59-2923789</b>	Applied For Not Applicable
22	City & State		27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip		28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	25	Country	29	30
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WHITE, CHARLES R. L.</b> <b>725 N. A1A</b> <b>SUITE E-102</b> <b>JUPITER FL 33477</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
				<b>FL</b>			

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 title if applicable (NOTE: Registered Agent signature required when naming)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAECKEL, THOMAS R.</b>	1.2 NAME	
STREET ADDRESS	<b>19332 GULFSTREAM DR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TEQUESTA FL 33469</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VSD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAECKEL, LINDA M.</b>	2.2 NAME	
STREET ADDRESS	<b>19332 GULFSTREAM DR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TEQUESTA FL 33469</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATKINS, JAMES C</b>	3.2 NAME	
STREET ADDRESS	<b>731 PARK AVE.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKE PARK FL 33403</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **THOMAS R. BRAECKEL** *Thomas R. Braeckel* 4/6/95 407-743-0798  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)