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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Stale

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

(8)

CLEMENT C. BRANDENBURG, JR., C.P.A., P.A.								
Principa' Place of	Business	Mailing Address			1 19 19 11 11 11 11 11 11 11 11 11 11 11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	BRADENBURG. JR.	C/O CLEMENT C. BRA						
2000 PALM BEA	ACH LAKES BLVD SUITE 800	2000 PALM BEACH LA WEST PALM BEACH F		ITE 800				
WEST PALM BEACH FL 33409 US		US			3. Date Incorporated or Qualified 12/27/1988 3a. Date of Last Report 02/16/1995			
			-		12/27/1988 4. FEI Number		Applied	For
Principal Place of Business		2a. Mailing Address		65-0091315		Not App		
State Act # atc		Suite Apt. #. etc.	Suite, Apt. #, etc.		\$8.75 Addit		onal	
Suite, Apt. #, etc.		— 1 ' ' '	27		5. Certificate of Status Desired Fee Requ		Fee Require	ad
City & State		City & State			6. Election Campaign Financing	г	\$5.00 May	
3		28			Trust Fund Contribution	_ <u>L</u>	Added to Fed	
Zip	Country	Zip	Country	/	This corporation has liability to Florida Statutes Yes		ax tinder s 199.03	32,
1	9 Name and Address of Curren	29	30		10. Name and Address of New		Agent	
	9. Name and Address of Curre	ii negistereo Agent	81	Name		_=		
DDAMDEA	UDITION OF EMENT OF ID			Charle Cald	ess (P.O. Box Number is Not Accepta	able)		
BRANDENBURG, CLEMENT C., JR. 12536 WOODMILL DR PALM BEACH GARDENS FL 33418			82	Street Aodi	ess (F.O. Elox Member 15 Mot Model			
			83	1				
TALIT DE	1011 0/4 (DE:10 1 E 00 1 . 0		84	L City			85 Zip Code	
] ~	ration submits this stalement for the p	FL	<u> </u>	
SIGNATURE si,	grature, typed or printed name of registered agri- OFFICERS AN	ID DIRECTORS	13.		owar censtring! ADDITIONS/CHANGES TO O			12 Addition
1:1LE	D	DELETE	1. 1 TITLE	:		· ·	Filesiste File	AUDITOR
NAME	BRANDENBURG, C. C., JR.		1.2 NAME					
STREET ADDRESS	12536 WOODMILL DR			ET ADDRESS				
CITY - ST - ZIP	PALM BEACH GARDENS FL	DELETE	14 CHY 2 1 Till I				Change /	Addition
TITLE NAME			2.2 NAMI					
STREET ADDRESS			2 3 STHE	EL AODRESS				
CHY-ST-ZIP			2.4 CITY	- ST-ZIF				4.2.1111
TITLE		☐ DELETE	3 1 THE	E			Change :	Addition
NAME			3.2 NAM	i				
STREET ADDRESS				ET ADDRESS				
CITY - S1 - ZIP		DELETE	3.4 Cify 4. 1 THU				Change :	Add-tion
TILLE			4.2 NAM					
NAME SIREHI ADDRESS			4.3 STRE	ET ADORESS				
City - St - 7iP			4.4 C 1Y	- \$1 - ZIF'				
TITLE	41	☐ DELETE	5. 1) TL	E			Change .	Addition
NAME			52 M					
STREET ADDRESS				E1 ADDRESS				
CITY-ST-ZIP		FT DELETE		- ST - ZIP			☐ Change ☐	Addition
THILE		☐ DELETE	6 11 L 621 V	E .			- s. L	
NAME				ET ADDRESS				
STREET ACCURESS			6.4	-S1-7iP	•			
CHY-ST-ZIP 14 Ldo hereby	y certify that the information supplie	d with this filing is voluntarily fu	mished and in	one not repaile	for the exemption stated in Section 1 rate and that my signature shall have	19 07(3)(k), F	Iorida Statutes, I f	urther
	the information indicated on this ar I ant an officer or director of the cor Block 12 or Block 13 if changed, c			urue and accui dito execute ti	rate and that my signature shall have his report as required by Chapter 607	, Florida Stati	utes; and that my	name

NER SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SECHING OFFICER OR DIRECTOR

407 686 4742 Dayto e Phone #