

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L43301** (5)

1. Corporation Name  
**M. A. BRANNING AND ASSOCIATES, P.A.**



Principal Place of Business: **310 S. INDIANA AVE. ENGLEWOOD FL 34223-3732**  
Mailing Address: **310 S. INDIANA AVE. ENGLEWOOD FL 34223-3732**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>01/18/1990</b>	<b>04/25/1995</b>
4. FEI Number	Applied For
<b>65-0165645</b>	Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DICKINSON, ROBERT A.  
460 S. INDIANA AVE  
ENGLEWOOD FL 34223**

81	Name
82	Street Address (P.O. Box Numbers Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0600 and 607.0602, 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0600, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRANNING, MILLARD A.</b>	
STREET ADDRESS	<b>1106 LARCHMONT DR</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1. STREET ADDRESS	
2. CITY-ST-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is entirely true and correct, for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or its 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 exercise this regard as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes in or an appointment with an address.

SIGNATURE: *M. A. Branning*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**M. A. BRANNING**

CR2E034 (12/95)