

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M11200** (6)

1. Corporation Name

EDWARD BRAMSON & COMPANY, P.A.



Principal Place of Business

3625 NW 82 AVE
STE 102-A
MIAMI FL 33166
US

Mailing Address

3625 NW 82ND AVE
STE 102-A
MIAMI FL 33166
US

3. Date Incorporated or Qualified
02/12/1985

3a. Date of Last Report
08/03/1995

2. Principal Place of Business

21 **9360 SUNSET DRIVE**

2a. Mailing Address

26 **9360 SUNSET DRIVE**

4. FEI Number
59-2490773

Applied For
Not Applicable

Subs. Apt. # etc.

22 **SUITE 287**

Subs. Apt. # etc.

27 **SUITE 287**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 **MIAMI, FL**

City & State

28 **MIAMI, FL**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

33173

Country

USA

Zip

33173

Country

USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**BRAMSON, EDWARD
13927 SW 109 LANE
MIAMI FL 33173**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 I accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: DP <input type="checkbox"/> DELETE 12 NAME: BRAMSON, EDWARD 13 STREET ADDRESS: 13927 SW 109 LANE 14 CITY, ST, ZIP: MIAMI FL	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME: 13 STREET ADDRESS: 14 CITY, ST, ZIP:
21 TITLE: <input type="checkbox"/> DELETE 22 NAME: 23 STREET ADDRESS: 24 CITY, ST, ZIP:	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME: 23 STREET ADDRESS: 24 CITY, ST, ZIP:
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41 TITLE: <input type="checkbox"/> DELETE 42 NAME: 43 STREET ADDRESS: 44 CITY, ST, ZIP:	41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME: 43 STREET ADDRESS: 44 CITY, ST, ZIP:
51 TITLE: <input type="checkbox"/> DELETE 52 NAME: 53 STREET ADDRESS: 54 CITY, ST, ZIP:	51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME: 53 STREET ADDRESS: 54 CITY, ST, ZIP:
61 TITLE: <input type="checkbox"/> DELETE 62 NAME: 63 STREET ADDRESS: 64 CITY, ST, ZIP:	61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME: 63 STREET ADDRESS: 64 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 119.07(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. 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 I registered on an attached list with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Bramson
Edward Bramson

2/8/96

305-596-1144

CR2E034 (12/95)