

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

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 FEB -1 AM 11:37

DOCUMENT # M24019 (5)

1. Corporation Name
BRAHAM'S OF MILLHOPPER INC.

Principal Place of Business
C/O ANDREW R. ABRAHAM
2420 N DIXIE HWY
HOLLYWOOD FL 33020
US

Mailing Address
C/O ANDREW R. ABRAHAM
2420 N. DIXIE HIGHWAY
HOLLYWOOD FL 33020
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/27/1985

3a. Date of Last Report
02/01/1994

4. FEI Number
59-2592093

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip Country
28

9. Name and Address of Current Registered Agent
ABRAHAM, ANDREW R.
2138 SEA PINES WAY
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2420 Dixie Hwy
83
84 City Hollywood FL 85 Zip Code 33020

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ABRAHAM, ANDREW R.
STREET ADDRESS	2138 SEA PINES WAY
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	Joyce ABRAHAM
NAME	2420 Dixie Hwy
STREET ADDRESS	Hollywood, FL 33020
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	2420 Dixie Hwy
1.4 CITY-ST-ZIP	Hollywood, FL 33020
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	Joyce ABRAHAM
2.3 STREET ADDRESS	2420 Dixie Hwy
2.4 CITY-ST-ZIP	Hollywood FL 33020
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joyce Abraham 1-25-95 305 925-6377
DATE: _____