

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M24020

(3)

1. Corporation Name

BRAHAM'S OF U. OF F. INC.

Principal Place of Business

2420 DIXIE HWY
HOLLYWOOD FL 33020
US

Mailing Address

2420 DIXIE HWY
HOLLYWOOD FL 33020
US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 11:17

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/27/1985	3a. Date of Last Report 01/31/1994
4. FEI Number 59-2590293	Applied For ☐ Not Applicable
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	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

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
85 State Code	FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	ABRAHAM, ANDREW R.	1.2 NAME	
STREET ADDRESS	2138 SEA PINES WAY	1.3 STREET ADDRESS	2420 Dixie Hwy
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	Hollywood, FL 33020
TITLE		2.1 TITLE	☐ Change ☒ Addition
NAME		2.2 NAME	JOYCE ABRAHAM
STREET ADDRESS		2.3 STREET ADDRESS	2420 Dixie Hwy
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Hollywood, FL 33020
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-95

305 925 6377