SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 JUL -5 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M28630** **(5)**

1. Corporation Name
THE BRANTWOOD CORPORATION

Principal Place of Business
470 CAMPANA AVE.
CORAL GABLES FL 33156

Mailing Address
470 CAMPANA AVE.
CORAL GABLES FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1986
3a. Date of Last Report: 08/25/1994

2. Principal Place of Business
21 2000 So. Bayshore Dr.
22 Suite, Apt. #, etc. #59
23 City & State: Coconut Grove, Fla
24 Zip: 33133 25 Country: USA

2a. Mailing Address
26 2000 S. Bayshore Dr.
27 Suite, Apt. #, etc. #59
28 City & State: Coconut Grove, Fla
29 Zip: 33133 30 Country: USA

4. FEI Number: 59-2651567 — Applied For / Not Applicable

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

6. [illegible] ☐ — $5.00 May Be Added to Fees

8. [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
GAFFIN, HAROLD
470 CAMPANA AVENUE
CORAL GABLES FL 33156

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 607.0505, 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

12. OFFICERS AND DIRECTORS

Title	DS
Name	GAFFIN, MICHAEL
Street Address	16 WEBSTER LN.
City, State, Zip	WAYLAND MA
Title	DPT
Name	GAFFIN, HAROLD
Street Address	470 CAMPANA AVE.
City, State, Zip	CORAL GABLES FL

13.
☐ Change ☐ Addition
☑ Change ☐ Addition
DPT
GAFFIN HAROLD
2000 S. BAYSHORE DRIVE #59
COCONUT GROVE FLA, 33133
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, and accompanying herein and that it has not been filed in the manner specified in Section 119.07(3), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall be an electronic signature in accordance with that section and 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 is listed in the attached list with an address.

SIGNATURE: [signature] DPT
SIGNATURE OF PRESIDENT OR OTHER OFFICER OR DIRECTOR

305 576 2520
Daytime Phone

CR2E034 (3/95)

0061691 CP