

**FILE NOW: FILING FEE IS \$61.25**

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98 JAN 16 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # N25614 (1)**  
1. Corporation Name  
**W.P. BRION FRATERNAL HOLDING CORPORATION**

Principal Place of Business: C/O HERBERT RAVITZ, REGISTERED AGENT, 3300 N. STATE ROAD 7, BOX A24, HOLLYWOOD FL 33021  
Mailing Address: C/O HERBERT RAVITZ, REGISTERED AGENT, 3300 N. STATE ROAD 7, BOX A24, HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: 03/28/1988  
4. FEI Number: 65-0043684  
Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. No

9. Name and Address of Current Registered Agent: RAVITZ, HERBERT, 3300 N. STATE RD. 7, #A-24, HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HALBY, HOWARD	
STREET ADDRESS	19707 N.E. 38 COURT	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FELDMAN, HYMAN	
STREET ADDRESS	16450 M. DR. 107	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ABIS, SEYMOUR	
STREET ADDRESS	3849 N.E. 169 ST. 201	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	000002410850--8
1.4 CITY-ST-ZIP	-01/26/98--01002--003
	*****61.25 *****61.25
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*G. Alaw*  
*Jan. 16/1998*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

CR2E037 (10/97)