

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P37440** (5)  
1. Corporation Name  
**BRANDON CAPITAL CORPORATION**



Principal Place of Business 7150 20TH STREET SUITE D VERO BEACH FL 32966 US	Mailing Address 7150 20TH STREET SUITE D VERO BEACH FL 32966-8805 US
---	--

3. Date Incorporated or Qualified <b>02/11/1992</b>	3a. Date of Last Report <b>04/19/1996</b>
4. FEI Number <b>41-1624504</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**MOSLEY, CURTIS R., ESQ.**  
1221 EAST NEW HAVEN AVENUE  
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESSEE, CLAUDE T.	1.2 NAME	
STREET ADDRESS	215 GLENGARRY AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESSEE, PATRICIA A.	2.2 NAME	
STREET ADDRESS	215 GLENGARRY AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESEE, MARK	3.2 NAME	
STREET ADDRESS	6545 FLORIDANA, AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JOSEPH	4.2 NAME	
STREET ADDRESS	5975 RIVERSIDE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANIKTERA, JOYCE	5.2 NAME	
STREET ADDRESS	215 BALLYSHANNON ST C501	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia A. Hessee, Sec* Date: **4-1-97** Daytime Phone #: **407-952-8372**

CR2E034 (9/96)