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

APPROVED AND FILED
'95 APR 25 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39407** **(2)**

1. Corporation Name
BRAISHFIELD ASSOCIATES, INC.

Principal Place of Business	Mailing Address
700 S BABCOCK ST #403 MELBOURNE FL 32901-472 US	342 SCHUYLER AVE C/O JOHN ROULETT KEARNY NY 07032 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 06/25/1992	3a. Date of Last Report: 04/18/1994
21	26	4. FEI Number: 22-2455609	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILLER, WILTON R. BRYANT, MILLER & OLIVE, P.A. 201 SOUTH MONROE STREET, SUITE 500 TALLAHASSEE FL 32301	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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	MCCAHILL, JAMES J.	12 NAME	McCahill, James J.
STREET ADDRESS	1373 BROAD STREET	13 STREET ADDRESS	1700 Rt.#3 West
CITY-ST-ZIP	CLIFTON NJ	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☒ Change ☐ Addition
NAME	KENNEDY, KATHLEEN	22 NAME	Cook-Kennedy, Kathleen
STREET ADDRESS	1373 BROAD STREET	23 STREET ADDRESS	1700 Rt.#3 West
CITY-ST-ZIP	CLIFTON NJ	24 CITY-ST-ZIP	
TITLE	AS	31 TITLE	☒ Change ☐ Addition
NAME	CASO, MARIE	32 NAME	Delete
STREET ADDRESS	1373 BROAD STREET	33 STREET ADDRESS	
CITY-ST-ZIP	CLIFTON NJ	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	ROULETT, JOHN P.	42 NAME	
STREET ADDRESS	342 SCHUYLER AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	KEARNY NJ	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, FRANCIS P.	52 NAME	
STREET ADDRESS	217 SQUAAN BEACH DR.	53 STREET ADDRESS	
CITY-ST-ZIP	MANTOLOKING NJ	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, LOUIS J.	62 NAME	
STREET ADDRESS	342 SCHUYLER AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	KEARNY NJ	64 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 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: John P. Roulett John P. Roulett 4/18/95 201-998-4140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004377 FP