

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

FILED

Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P39407** (2)
1. Corporation Name
BRAISHFIELD ASSOCIATES, INC.

Principal Place of Business

700 S BABCOCK ST
#403
MELBOURNE FL 32901-472
US

Mailing Address

342 SCHUYLER AVE
C/O JOHN ROULETT
KEARNY NY 07032
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1992

4. FEI Number

22-2455609

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MILLER, WILTON R.
BRYANT, MILLER & OLIVE, P.A.
201 SOUTH MONROE STREET, SUITE 500
TALLAHASSEE FL 32301

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 607.1508, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MCCAILL, JAMES J.
STREET ADDRESS 1700 RT 3 WEST
CITY-ST-ZIP CLIFTON NJ ☐ DELETE

TITLE S
NAME COOK-KENNEDY, KATHLEEN
STREET ADDRESS 1700 RT 3 WEST
CITY-ST-ZIP CLIFTON NJ ☐ DELETE

TITLE T
NAME ROULETT, JOHN P.
STREET ADDRESS 342 SCHUYLER AVE.
CITY-ST-ZIP KEARNY NJ ☐ DELETE

TITLE D
NAME KENNEDY, FRANCIS P.
STREET ADDRESS 217 SQUAAN BEACH DR.
CITY-ST-ZIP MANTOLOKING NJ ☐ DELETE

TITLE D
NAME KENNEDY, LOUIS J.
STREET ADDRESS 342 SCHUYLER AVE.
CITY-ST-ZIP KEARNY NJ ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Assistant Secretary ☐ Change ☒ Addition
1.2 NAME Robert King
1.3 STREET ADDRESS 604 Mamaroneck Ave.
1.4 CITY-ST-ZIP Mamaroneck, NY 10543

2.1 TITLE VP ☐ Change ☒ Addition
2.2 NAME Michael Hoxland
2.3 STREET ADDRESS 700 S. Babcock St.
2.4 CITY-ST-ZIP Melborne, FL 32901

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 2/6/98 201-998-4412

CP2E034 (10/97)