


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

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90008 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P39407					
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		
2. Principal Place of Business 21 5950 Hazeltine National Dr. Suite, Apt. #, etc. 22 Suite 650 City & State 23 Orlando FL Zip Country 24 32822 25 Orange		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date incorporated or Qualified 06/25/1992 4. FEI Number 22-2455609 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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. (NO "E" Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	MCCAHILL, JAMES J.				
STREET ADDRESS	1700 RT 3 WEST				
CITY-ST-ZIP	CLIFTON NJ				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	COOK-KENNEDY, KATHLEEN				
STREET ADDRESS	1700 RT 3 WEST				
CITY-ST-ZIP	CLIFTON NJ				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	ROULETT, JOHN P.				
STREET ADDRESS	342 SCHUYLER AVE.				
CITY-ST-ZIP	KEARNY NJ				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	KENNEDY, FRANCIS P.				
STREET ADDRESS	217 SQUAAN BEACH DR.				
CITY-ST-ZIP	MANTOLOKING NJ				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	KENNEDY, LOUIS J.				
STREET ADDRESS	342 SCHUYLER AVE.				
CITY-ST-ZIP	KEARNY NJ				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	MICHAEL HOAGLAND				
STREET ADDRESS	700 S. BABCOCK ST.				
CITY-ST-ZIP	MELBOURNE FL 32901				
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					
1.4 CITY-ST-ZIP					
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					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)