

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
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**95 MAY -1 AM 10:41**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P9300003288**  
1. Corporation Name

**BYRAM ENTERPRISES, INC.**

Principal Place of Business: **3700 Broadway, Riviera Beach, FL**  
Mailing Address: **888 S. Andrews Ave., Suite 308, Ft. Lauderdale, FL 33316**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/14/1993</b>	3a. Date of Last Report <b>05-17-94</b>
4. FEI Number <b>65-0397774</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
6. 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 21. Suite, Apt. #, etc. 22. City & State 23. City 24. County	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. City 29. County
<b>3700 Broadway, Riviera Beach, FL</b>	<b>c/o 600 S. Andrews Ave., Suite 400, Fort Lauderdale, FL 33301</b>

**9. Name and Address of Current Registered Agent**

**GREEN, BRUCE DAVID  
888 South Andrews Avenue  
Suite 308  
Fort Lauderdale, FL 33316**

**10. Name and Address of New Registered Agent**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>33301</b>
83. Suite	
84. City	<b>FL</b>
<b>Fort Lauderdale</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 \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title of corporation) (Typed or printed name of registered agent, signature required when mandating) (Typed)

**12. OFFICERS AND DIRECTORS**

1. TITLE	<b>D/P</b>
2. NAME	<b>MACKERLEY, ALAN C., JR.</b>
3. STREET ADDRESS	<b>600 S. Andrews Avenue, #400</b>
4. CITY ST ZIP	<b>Ft. Lauderdale, FL 33301</b>
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY ST ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY ST ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY ST ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY ST ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	<b>D/P/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>MACKERLEY, ALAN C., JR.</b>
3. STREET ADDRESS	<b>600 S. Andrews Ave. #400</b>
4. CITY ST ZIP	<b>Ft Lauderdale FL 33301</b>
5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	<b>Sanandajian, Robert D.</b>
7. STREET ADDRESS	<b>3700 Broadway</b>
8. CITY ST ZIP	<b>Riviera Beach, FL 33404</b>
9. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	<b>Sanandajian, Michele R.</b>
11. STREET ADDRESS	<b>3700 Broadway</b>
12. CITY ST ZIP	<b>Riviera Beach, FL 33404</b>
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	<b>900001481279</b>
15. STREET ADDRESS	<b>-05/09/95--01110--022</b>
16. CITY ST ZIP	<b>****200.00 ****200.00</b>
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY ST ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. 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)(b), 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:** *AC Mackerley, JR.* **4-5-95** **305-522-8554**  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Typed) (Typed)  
**Alan C. Mackerley, JR. President**