

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000072703 (0)**

1. Corporation Name  
**BRANKAY CONSTRUCTION, INC.**



Principal Place of Business: **3309 FLORIDA BLVD PALM BEACH GARDENS FL 33410**  
 Mailing Address: **3309 FLORIDA BLVD PALM BEACH GARDENS FL 33410**

3. Date Incorporated or Qualified: **10/20/1993**  
 3a. Date of Last Report: **01/31/1995**  
 4. FCI Number: **65-0438940**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent: **FILINGS INC 3732 NW 16TH ST FT LAUDERDALE FL 33311**  
 10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0602, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS   |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |   |
|--|---------------------------------|---|---|
| TITLE: <b>D</b><br>NAME: <b>PAROS, FRANCIS</b><br>STREET ADDRESS: <b>3309 FLORIDA BLVD</b><br>CITY-STATE-ZIP: <b>PALM BEACH GARDENS FL 33410</b> | <input type="checkbox"/> DELETE | 1.1 TITLE: _____<br>1.2 NAME: _____<br>1.3 STREET ADDRESS: _____<br>1.4 CITY-STATE-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: <b>D</b><br>NAME: <b>PAROS, MARILEE</b><br>STREET ADDRESS: <b>3309 FLORIDA BLVD</b><br>CITY-STATE-ZIP: <b>PALM BEACH GARDENS FL 33410</b> | <input type="checkbox"/> DELETE | 2.1 TITLE: _____<br>2.2 NAME: _____<br>2.3 STREET ADDRESS: _____<br>2.4 CITY-STATE-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-STATE-ZIP: _____  | <input type="checkbox"/> DELETE | 3.1 TITLE: _____<br>3.2 NAME: _____<br>3.3 STREET ADDRESS: _____<br>3.4 CITY-STATE-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-STATE-ZIP: _____  | <input type="checkbox"/> DELETE | 4.1 TITLE: _____<br>4.2 NAME: _____<br>4.3 STREET ADDRESS: _____<br>4.4 CITY-STATE-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-STATE-ZIP: _____  | <input type="checkbox"/> DELETE | 5.1 TITLE: _____<br>5.2 NAME: _____<br>5.3 STREET ADDRESS: _____<br>5.4 CITY-STATE-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-STATE-ZIP: _____  | <input type="checkbox"/> DELETE | 6.1 TITLE: _____<br>6.2 NAME: _____<br>6.3 STREET ADDRESS: _____<br>6.4 CITY-STATE-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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)(k), 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: **Francis M Paros** DATE: **2/24/96**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **407 624 3194**

CR2E034 (12/95)