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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000031382 (2)**

BRALAND ENTERPRISES, INC.

Principal Place of Business Mailing Address 1015 GLENSPRING AVE. 1015 GLENSPRING AVE. WINTER GARDEN FL 34787 WINTER GARDEN FL 34787-2228 3. Date Incorporated or Qualified 3a. Date of Last Report 04/20/1994 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3237279 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation has fiability for integrable tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BRALAND, DAVID D 81 Name 1015 GLENSPRING AVE. Street Address (P.O. Box Number is Not Acceptable) 82 WINTER GARDEN FL 34787 83 84 City 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 heraby accept the appointment as registered agent, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, type o or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. (96/6) Change DELETE 1 1 TITLE TILLE BRALAND, DAVID D 12 NAME 1015 GLENSPRINGS AVE. STREET ADDRESS 1.3 STREET ADDRESS WINTER GARDEN FL 34787 1.4 CITY - ST - ZIP CITY-ST-ZIP Change □ DELETE 2.1 TITLE ___ Addition 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-S1-Zic 2 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TOTAL NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-7/P 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TIME 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHY-ST ZIP Change DELETE Addition 5.1 TITLE TOTALE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-SI-ZIP DELETE Change Addition HILE 6.1 TITLE 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP City+St-7iP

14. I do 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

SIGNATURE:

DAVED D. BENGIND 4/25/97 407-654-3322

FILED

May 02 1997 8:00am

Secretary of State