

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sabara B. Winters
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
SO FEB 17 PM 3:26

DOCUMENT # P94000071914 (3)

1. Corporation Name

BRACKET MASTER, INC.

Principal Place of Business

139 CAPE POINTE CIRCLE
JUPITER FL 34477

Mailing Address

139 CAPE POINTE CIRCLE
JUPITER FL 34477

USE PREVIOUS EDITIONS

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2a		09/27/1994	
State, Apt. #, etc.		State, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
22		27		65-0523746	
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

SCHULTZ, FRED G
139 CAPE POINTE CIRCLE
JUPITER FL 34477

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 for the registered agent must be signed and filed separately)

(Signature for the registered agent must be filed separately)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, FRED G	12 NAME	
STREET ADDRESS	139 CAPE POINTE CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 34477	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, SUE E	22 NAME	
STREET ADDRESS	139 CAPE POINTE CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 34477	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, JAMES F	32 NAME	
STREET ADDRESS	123435 159TH ST. NORTH	33 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33478	34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 state law has been provided by Florida Statutes. I further certify that the information made available on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made available to the public in the form of the corporation of the record or by the registered agent of the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change of registered agent attachment with this filing.

SIGNATURE: *FRED G. Schulte*
REGISTERED AGENT AND TRUE AND CORRECT NAME OF THE REGISTERED AGENT

2-14-95 462-746-1471