

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000075945 (3)**

1. Corporation Name

**BRANDYWINE PLAZA, INC.**



Principal Place of Business

731 VASSER STREET  
ORLANDO FL 32804

Mailing Address

731 VASSER STREET  
ORLANDO FL 32804

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

City & State

22 City & State

23 Zip

Country

25

Zip

29

Country

30

3. Date Incorporated or Qualified

**10/13/1994**

3a. Date of Last Report

**04/18/1995**

Applied For

Not Applicable

4. FEI Number

**59-3272705**

5. Certificate of Status Desired

**\$8.75** Additional

Fee Required

6. Election Campaign Financing

**\$5.00** May Be

Trust Fund Contribution

Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

**DEMETREE, PAUL A  
731 VASSER STREET  
ORLANDO FL 32804**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
NAME	DEMETREE, PAUL A		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
STREET ADDRESS	1310 BELLEAIR CIR.		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
CITY-ST-ZIP	ORALNDO FL 32804		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
NAME	DEMETREE, ARTHUR J		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
STREET ADDRESS	3015 DAWLEY STREET		
CITY-ST-ZIP	ORLANDO FL 32806		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	DEMETREE COWHERD, CECILIA		
STREET ADDRESS	310 W. WEST LAKE SUE AVE.		
CITY-ST-ZIP	WINTER PARK FL 32789		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	DEMETREE DASHER, FRANCES		
STREET ADDRESS	8809 EL PARADO DRIVE		
CITY-ST-ZIP	ORLANDO FL 32825		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	DEMETREE, JOHN W		
STREET ADDRESS	5857-A 21ST AVE. WEST		
CITY-ST-ZIP	BRADENTON FL 34209		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

*Paul A. Demetree* 1/18/96 40724603