

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
SARAH B. MARSHALL
Secretary of State
105 South Bronough Street, Tallahassee, FL 32304

**APPROVED
AND
FILED**

55111Y-1 PII 1:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # **P94000087438 (5)**

1. Corporation Name

BRISTOL RAY CORPORATION

Business Name or Doing As

4300 US HWY ONE, 208
JUPITER FL 33477

Mailing Address

4300 US HWY ONE, 206
JUPITER FL 33477

OO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized **12/02/1994** 3a. Date of Last Report

65-0534918

Applied For
Not Applicable

4. FEI Number **\$8.75** Additional
Fee Required

5. Certificate of Status Desired **\$5.00** May Be
Added to Fees

6. Election Campaign Financing
Trust Fund Contribution

7. This corporation has authority for intangible tax under § 199.020,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

KIRCHNER, BERNARD R
4300 US HWY ONE, 208
JUPITER FL 33477

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 607.0202 and 607.0208, Florida Statutes, the above named corporation submits the 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 607.0208, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
OFFICER	D KIRCHNER, BERNARD R 1981 ASCOTT RD JUNO BEACH FL 33408	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1. NAME		
STREET ADDRESS		2. STREET ADDRESS		
CITY, ST, ZIP		3. CITY, ST, ZIP		
OFFICER		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4. NAME		
STREET ADDRESS		5. STREET ADDRESS		
CITY, ST, ZIP		6. CITY, ST, ZIP		
OFFICER		7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		7. NAME		
STREET ADDRESS		8. STREET ADDRESS		
CITY, ST, ZIP		9. CITY, ST, ZIP		
OFFICER		10. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		10. NAME		
STREET ADDRESS		11. STREET ADDRESS		
CITY, ST, ZIP		12. CITY, ST, ZIP		
OFFICER		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		13. NAME		
STREET ADDRESS		14. STREET ADDRESS		
CITY, ST, ZIP		15. CITY, ST, ZIP		
OFFICER		16. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		16. NAME		
STREET ADDRESS		17. STREET ADDRESS		
CITY, ST, ZIP		18. CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 117.02(7), 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 this corporation or the person or trusted employee to whom this report is reported by Chapter 607, Florida Statutes, and that my name appears in block letters on the front page of this document and has been initialed or otherwise marked.

SIGNATURE:

Bernard R Kirchner

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

(407) 694-1899

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