

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 14, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P94000093056

1. Corporation Name
MARIO BRAMNICK, ESQUIRE, P.A.



Principal Place of Business
9050 PINES BOULEVARD
SUITE 450
PEMBROKE PINES FL 33024
Mailing Address
9050 PINES BOULEVARD
SUITE 450
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/27/1994
4. FEI Number 65-0552762
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 owes the current year Intangible Personal Property Tax.

9. Name and Address of Current Registered Agent
BRAMNICK, MARIO
9050 PINES BOULEVARD
SUITE 450
PEMBROKE PINES FL 33024
10. Name and Address of New Registered Agent
81 Name
82 Street Address
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
Table with columns for Title, Name, Street Address, City-ST-ZIP and checkboxes for Change/Addition/Delete.

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
Date
Daytime Phone # 954-430-0220

CR2E034 (1/198)