SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000022808 (6)**

1. Corporation Name
WILLIAM BRAME, ~~INC.~~ P.A.

Principal Place of Business
4739 LARK RIDGE CIRCLE
SARASOTA FL 34233

Mailing Address
4739 LARK RIDGE CIRCLE
SARASOTA FL 34233

3. Date Incorporated or Qualified: 03/20/1995
3a. Date of Last Report:

2. Principal Place of Business
21 2631 WOODGATE LN.
22 Suite, Apt. #, etc
23 City & State: SARASOTA, FLORIDA
24 Zip: 34231
25 Country: U.S.A.

2a. Mailing Address
26 2631 WOODGATE LN.
27 Suite, Apt. #, etc.
28 City & State: SARASOTA, FLORIDA
29 Zip: 34231
30 Country: U.S.A.

4. FEI Number: 65-0564345 — Applied For / Not Applicable
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 has liability for intangible tax under s. 199.032 Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
BRAME, WILLIAM
4739 LARK RIDGE CIRCLE
SARASOTA FL 34233

10. Name and Address of New Registered Agent
81 Name: BRAME, WILLIAM
82 Street Address (P.O. Box Number is Not Acceptable): 2631 WOODGATE LN.
83
84 City: SARASOTA FL 85 Zip Code: 34231

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: William E. Brame — WILLIAM BRAME, PRESIDENT — DATE: 6/15/96
(Signature Typed or Printed Name of Registered Agent and Title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BRAME, WILLIAM	
STREET ADDRESS	4739 LARK RIDGE CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	BRAME WILLIAM	
1.3 STREET ADDRESS	2631 WOODGATE LN.	
1.4 CITY-ST-ZIP	SARASOTA, FL 34231	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	000001882900	Change ☐ Addition
5.2 NAME	-07/03/96--01023--041	
5.3 STREET ADDRESS	***225.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		7-2-96
6.3 STREET ADDRESS		
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William E. Brame — WILLIAM BRAME - PRESIDENT — DATE: 6/15/96 — Daytime Phone #: (800) 521-3718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)