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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT # 1. Corporation Name

P95000040614 (6)

BRAC, INC.



Principal Place of Business Malling Address							1 144 6 11 4 FF 13 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1	817) WBJI WBJ	# 10 II # 1	41401 11011 0101 1881
11 HUNTERS RUN CIRCLE ORMOND BEACH FL 32174 11 HUNTERS RUN CIRCLE ORMOND BEACH FL 32174										
							3. Date incorporated or Qualified 05/23/1995	3a. Date	of Las	t Report
2. Principal Pla	ling Address				4. FEI Number			Applied For		
21 /4/25 Suite, Apt.	W. Gravade Blud	26					59-3315394		[_	Not Applicable
22 Ormon	H Beach Fl	27					5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State 23 3217	24	28					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip	1 1 1 1				8. This corporation has liability for intengible tax under s 199.032,			
24	25 29 30 9. Name and Address of Current Registered Agent				Florida Statutes Yes No 10. Name and Address of New Registered Agent					
	5. Name and Address of Curre	in neglisteret	Agent		81	Name	IU. Name and Address of New H	egistered /	agent	
RRAC	, RAQUEL			Ł						
11 HUNTERS RUN CIRCLE					82	Street Addre	ress (P.O. Box Number is Not Acceptable)			
ORMC	OND BEACH FL 32174			ľ	83					
				Ī	84	City		FL	85	Zip Code
OF TEGISTER	o the provisions of Sections 607,050 ed agent, or both, in the State of Flo h, and accept the obligations of, Sec	nda. Such chai	nge was auth oriz e	ad by the co	e-n orpo	narried corpora oration's board	tion submits this statement for the purp of directors. I hereby accept the appo	xose of cha intment as	nging i registe	s registered office red agent. I am
SIGNATURE										
Signature, typed or printed name of objectional appint and tool applicable (NOTE: Registered Ag						it signature recipined i		DATE		
12.	OFFICERS AND DIRECTORS D DELETE			13.	1.1 TiTLE		ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 12			
NAME	BRAC, RAQUEL			1.2 NAM				L.	T mand	e [] Addition
STREET ADDRESS	AA THA WOOD DINA OND I					A D D D C O C				
CITY-ST-ZIP	ORMOND BEACH FL 321			14 CII		ADDRESS T. 719				
TITLE		····	DELETE.	2 1 117		1-21		<u></u>) Chang	e Addition
NAME			4.04	2.2 NAN				L .]	
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TITLE			DELETE	4 1 Till	E) Chang	e 🔲 Addition
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TITLE			[_] DELETE	5. 1 1/11] Chang	e [] Addition
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STREET ADDRESS				1		ADORESS				
CITY-SI-ZIP TITLE	**************************************		DELETE	5.4 CITY		1-21P			1.05	
NAME			LJ DULLIL	6 1 TITL				L] Chang	e
STREET ADDRESS				6.2 NAM		1000100				
						ADDRESS				
CITY - ST - ZIP	cortify that the information countied	with this files	المراجع المراجع المراجع	6.4 C/TY	- ST	· ZIP				

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 FYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904 613-3900)

Cleytine Prome #