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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000041959 (4)

1. Corporation Name
CUMMINGS BRACE, INC.

Principal Place of Business

8490 S.R. 84
DAVIE FL 33324

Mailing Address

1625 TAFT ST.
HOLLYWOOD FL 33020-3215



3. Date Incorporated or Qualified
05/24/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 1918 Harrison St.

27 City & State

28 Hollywood, FL

29 33020-5066 30

4. FEI Number

65-0591041

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

MALERBA, JOHN J
1625 TAFT ST.
HOLLYWOOD FL 33020-3215

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1918 Harrison St.

#204

84 City

Hollywood

FL

85 Zip Code

33020-5066

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

11/7/97

12. OFFICERS AND DIRECTORS

TITLE D CUMMINGS, CHRIS DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
8490 SR 84
FT LAUDERDALE FL

TITLE D CUMMINGS, KEVIN DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
8490 SR 84
FT LAUDERDALE FL

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 Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

DAVIE, FL 33324

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

DAVIE, FL 33324

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 Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/96

954-927-0225

CR2E034 (9/96)