


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

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90013 014 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P95000087492**

1. Corporation Name  
**BRAVERMAN & GROSSMAN, P.A.**

Principal Place of Business 2780 DOUGLAS ROAD SUITE 300 MIAMI FL 33133-2749	Mailing Address 2780 DOUGLAS ROAD SUITE 300 MIAMI FL 33133-2749
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2650 WEST STATE RD. 84</b>		2a. Mailing Address 26 <b>2650 WEST STATE RD. 84</b>		3. Date Incorporated or Qualified <b>11/14/1995</b>	
Suite, Apt. #, etc. 22 <b>Suite 101 A</b>		Suite, Apt. #, etc. 27 <b>Suite 101A</b>		4. FEI Number <b>65-0626490</b>	
City & State 23 <b>Ft Lauderdale FL</b>		City & State 28 <b>Ft. Lauderdale FL.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 24 <b>33312</b>		Country 25 <b>BROWARD</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Zip 29 <b>33312</b>		Country 30 <b>BROWARD</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BRAVERMAN, MICHAEL</b> <b>2780 DOUGLAS ROAD</b> <b>SUITE 300</b> <b>MIAMI FL 33133-2749</b>		10. Name and Address of New Registered Agent 81 Name <b>BRAVERMAN, Michael</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2650 WEST STATE ROAD 84, Suite 101A</b> 83 <b>FL</b> 84 City <b>Ft Lauderdale</b> 85 Zip Code <b>33312</b>	
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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 *Michael Braverman* **President/Director** DATE **4-2-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRAVERMAN, MICHAEL ESQ</b> <b>2780 DOUGLAS ROAD, SUITE 300</b> <b>MIAMI FL 33133-2749</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PRESIDENT-DIRECTOR</b> <b>Michael BRAVERMAN</b> <b>2650 WEST STATE ROAD 84, Suite 101A</b> <b>Ft Lauderdale, FL. 33312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GROSSMAN, RHEA P ESQ</b> <b>2780 DOUGLAS ROAD, SUITE 300</b> <b>MIAMI FL 33133-2749</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>DIRECTOR</b> <b>Rhea Grossman</b> <b>2650 WEST STATE RD 84, Suite 101A</b> <b>Ft Lauderdale FL 33312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael Braverman* **President** DATE **4-2-99** DAYTIME PHONE # **(954) 791-2010**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)