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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000093639

1. Corporation Name

BRAUSER HOLDINGS, INC.

25

100 W CYPRESS CREEK RD

FT. LAUDERDALE FL 33309

Principal Place of Business

100 W CYPRESS CREEK RD

STE. 975

2101 N

FT. LAUDERDALE FL 33309

2. Principal Place of Business

BRAUSER, LEON

STE. 975

Mailing Address

2a. Mailing Address 2101

100 W CYPRESS CREEK RD

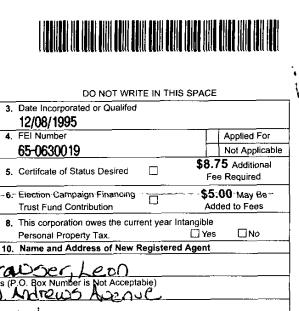
29

9. Name and Address of Current Registered Agent

FT. LAUDERDALE FL 33309

May 07, 1999 8:00 am Secretary of State

05-07-1999 90055 026 ***150.00



84 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

Country

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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/C	CHANGE	S TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	D ·	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	BRAUSER, LEON		1.2 NAME	1				/ \	
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TITLE		☐ DELETE	3.1 TITLE					Change	Addition
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STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP	,	1	6.4 CITY-ST-ZIP				Otatutan I further or		

h this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 var or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in I hereby certify that the information supplied y indicated on this annual report or supplementations. officer or director of the corporation Block 12 or Block 13 if changed, of an address, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #