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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000010581 (2) DOCUMENT #

1. Corporation Name

BRANCH ASSOCIATES, INC.

FILED Jan 28 1998 8:00am Secretary of State

Principal Place of Business Mailing Address P. O. BOX 14326 P. O. BOX 14326 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0641009 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BRANCH, PAUL C Name 11308 GLEN OAKS CT Street Address (P.O. Box Number is Not Acceptable) NORTH PALM BEACH FL 33408 83 84 City Zip Code 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ☐ DELETE 1.1 TITLE Addition Change BRANCH, PAUL C NAME 1.2 NAME 11308 GLEN OAKS CT STREET ADDRESS 1.3 STREET ADDRESS NORTH PALM BEACH FL 33408 CITY - ST- ZIP 1.4 CITY-ST-ZIP TITLE ☐ DELETE 2.1 TITLE ☐ Change Addition BRANCH, JANE D NAME 2.2 NAME STREET ADDRESS 11308 GLEN OAKS CT 2.3 STREET ADDRESS NORTH PALM BEACH FL 33408 CITY-ST-ZIP 2. 4 CITY - ST-ZIP TITLE DELETE 3.1 TITLE Change Addition BRANCH, DANIEL J NAME 3.2 NAME 5403 ASHTON COURT STREET ADDRESS 3.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change \_\_\_ Addition

14. I hereby certify that the information supplied with this filling 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 chapter 607 or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-SI-ZIP

EDIPAUTE. BRANCH. 1/14/98 (561) 627-9308