

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 JUL 10 AM 4:25

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DOCUMENT # P96000010921
1. Corporation Name
BRYST ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**3300 UNIVERSITY DR.
CORAL SPRINGS, FL 33065**

3. Date Incorporated or Qualified **January 31, 1996** 3a. Date of Last Report
4. FEI Number **65-0643581** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 **SUITE 10** 27 City & State
23 City & State 28 City & State
24 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
**SHERYL LEDERMAN
3300 UNIVERSITY DR.
SUITE 10
CORAL SPRINGS, FL 33065**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	SANFORD LEDERMAN	
STREET ADDRESS	3300 UNIVERSITY DR	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	SHERYL LEDERMAN	
STREET ADDRESS	3300 UNIVERSITY DR	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	V. PRES.	<input type="checkbox"/> DELETE
NAME	JAY S. YOUNGVERMAN	
STREET ADDRESS	875 OLD COUNTRY RD	
CITY-ST-ZIP	PAINEVIEW, NY 11803	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	300002237733-4
13 STREET ADDRESS	-07/14/97--01169--013
14 CITY-ST-ZIP	****165.00 ****165.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 (change), or on an attachment with an address.

SIGNATURE: **SANFORD LEDERMAN** 2/1/97 (954) 344-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr

CR2E034 (9/96)

TRAVEL ADVANTAGE

3300 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

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Phone 954 344-2800
Fax 954 345-7439

July 07, 1997

ANNUAL REPORTS FILINGS
DIVISION OF CORPORATIONS
POST OFFICE BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN,,

Enclosed, please find renewal application and check for Bryst Associates, Inc.

The reason the filing is this late, is that some of my mail was incorrectly forwarded to another address, and even after I called and left a message to send an application, I never received one.

If you have any questions, please call.

Very truly yours,


Sanford Lederman, Pres.

SL/mtf