

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90008 038 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P96000010921

1. Corporation Name  
**BRYST ASSOCIATES, INC.**

Principal Place of Business: 3300 UNIVERSITY DR CORAL SPRINGS FL 33065  
 Mailing Address: 3300 UNIVERSITY DR CORAL SPRINGS FL 33065



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc. **10**  
 City & State  
 Zip **25** Country

2a. Mailing Address  
 Suite, Apt. #, etc. **SUITE 10**  
 City & State  
 Zip **29** Country **30**

3. Date Incorporated or Qualified: **01/31/1996**  
 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 owes the current year Intangible Personal Property:  Yes  No

9. Name and Address of Current Registered Agent  
**LEDERMAN, SHERYL**  
**3300 UNIVERSITY DRIVE, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>LEDERMAN, SANFORD</b>	
STREET ADDRESS	<b>3300 UNIVERSITY DR</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	
TITLE	<b>S</b>	<input type="checkbox"/>
NAME	<b>LEDERMAN, SHERYL</b>	
STREET ADDRESS	<b>3300 UNIVERSITY DR</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	
TITLE	<b>VP</b>	<input type="checkbox"/>
NAME	<b>YOUNGERMAN, JAY S</b>	
STREET ADDRESS	<b>875 OLD COUNTRY RD</b>	
CITY-ST-ZIP	<b>PLAINVIEW NY 11803</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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.

CR2E034 (5/99)

7/14/99 19517344 7807



587960-90008-38  
196000010921

# TRAVEL ADVANTAGE



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.P. BOX 6327  
TALLAHASSEE, FL. 32314

TO WHOM IT MAY CONCERN,

I JUST RECEIVED THE 2<sup>ND</sup> NOTICE FOR CORPORATE RENEWAL.

UNFORTUNATELY, I NEVER RECEIVED THE ORIGINAL, BECAUSE MY MAIL MAN HAS BEEN GIVING EVERYBODY IN MY BUILDING A HARD TIME, AND IF THERE IS NO SUITE NUMBER ON THE ENVELOPES, HE IS EITHER RETURNING THE MAIL OR THE MAIL IS DISAPPEARING.

ENCLOSED, PLEASE FIND OUR CHECK FOR \$150.00 FOR RENEWAL.

ALSO, I WOULD APPRECIATE IT IF YOU WOULD ADD MY SUITE NUMBER TO ALL OF YOUR CORRESPONDENCE.

THANK YOU FOR YOUR UNDERSTANDING.

IF YOU NEED TO SPEAK WITH ME, FEEL FREE TO CALL ANY TIME.

VERY TRULY YOURS,

SANFORD LEDERMAN,  
PRES.