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FILED

Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000062972 (0)

1. Corporation Name

BRONSON ALEXANDER, INC.



Principal Place of Business

1700 SERPENTINE DRIVE, SOUTH
ST. PETERSBURG FL 33712

Mailing Address

1700 SERPENTINE DRIVE, SOUTH
ST. PETERSBURG FL 33712-6057

3. Date Incorporated or Qualified

07/29/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

591755389

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOSECKER, KELLEY A
101 E. KENNEDY BLVD. SOUTH
SUITE 4100
TAMPA FL 33602

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CONSER, JERROLYNN
STREET ADDRESS 1700 SERPENTINE DRIVE SOUTH
CITY - ST - ZIP ST. PETERSBURG FL 33712

11. TITLE
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

12. NAME
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. STREET ADDRESS
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

14. CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21. TITLE
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

22. NAME
Change Addition

23. STREET ADDRESS
Change Addition

24. CITY - ST - ZIP
Change Addition

31. TITLE
Change Addition

32. NAME
Change Addition

33. STREET ADDRESS
Change Addition

34. CITY - ST - ZIP
Change Addition

41. TITLE
Change Addition

42. NAME
Change Addition

43. STREET ADDRESS
Change Addition

44. CITY - ST - ZIP
Change Addition

51. TITLE
Change Addition

52. NAME
Change Addition

53. STREET ADDRESS
Change Addition

54. CITY - ST - ZIP
Change Addition

61. TITLE
Change Addition

62. NAME
Change Addition

63. STREET ADDRESS
Change Addition

64. CITY - ST - ZIP
Change Addition

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 if changed, or on an attachment with an address.

SIGNATURE: *Jerrolynn Conser*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 867-8298

Date

Daytime Phone #

CR2E034 (9/96)