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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90097 002 ***150.00

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1999

DOCUMENT # P9600090045 1. Corporation Name

B.R.A. ACQUISITION CORP.

| Principal Place | e of Business | Mailing Address | | | | I CONTROL SIO IDILA DILLI DONI DONI DONI DONI DOLI DUNI DONI DONI DUNI DONI DUNI |
|---|---|-----------------------------|-----------|---------------|---|--|
| 3910 US HIGHWAY 301 N | | 3910 US HIGHWAY 301 N | | | | |
| SUITE 140 | | SUITE 140 | | | | DO NOT WRITE IN THIS SPACE |
| TAMPA FL 33619 | | TAMPA FL 33619 | | | | |
| | | | | | | 3. Date Incorporated or Qualifed |
| | | | | | | 11/01/1996 |
| ⊢¬ ' | lace of Business | 2a. Mailing Ad | Idress | | | 4. FEI Number Applied For |
| 21 | | 26 | | | | 59-3407937 Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. | . #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| City & State | e | City & Sta | te | | | 6. Election Campaign Financing - \$5.00 May Be |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | | Country | | 8. This corporation owes the current year Intangible |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. |
| | 9. Name and Address of Curren | t Registered Ager | ıt ' | | | 10. Name and Address of New Registered Agent |
| | | <u> </u> | | 81 | Name | |
| HUMPHRIES, J. GREGORY | | | | 82 | C44 | A Address (D.O. Day Muschar is Not Assentable) |
| 201 EAST PINE STREET | | | | 82 | Street | t Address (P.O. Box Number is Not Acceptable) |
| SUITE 701 | | | | 83 | | |
| ORLANDO FL 32801 | | | | | | |
| | | | | 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. | | | | | | |
| l - | , , | · | | | | |
| SIGNATURE | Signature, typed or printed name of registered agen | nt and title if applicable. | (NOTE: Re | gistered Agei | nt signature r | required when reinstating) DATE |
| 12. | OFFICERS AN | D DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D | | DELETE | 1,1 TITLE | | ☐ Change ☐ Addition |
| NAME | CALLAHAN, RICHARD J JR | | | 1.2 NAME | | |
| STREET ADDRESS | 3910 U.S. HIGHWAY 301 N, ST | TE 180 | | 1.3 STREE | ADDRESS | 5 |
| CITY-ST-ZIP | TAMPA FL 33619 | | | 1.4 CITY-S | T-ZIP | |
| TITLE | DP | | DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GODLEY, J. STEVEN | | | 2.2 NAME | | |
| STREET ADDRESS | 3910 U.S. HIGHWAY 301 N. ST | TF 180 | | 2.3 STREE | ADDRESS | · · |
| CITY-ST-ZIP | TAMPA FL 33619 | | | 2.4 CITY-S | | |
| TITLE | DSV DELETE | | 3.1 TITLE | | Change Addition | |
| NAME | CAREY, WILLIAM B | | 3.2 NAME | | - 1994 - | |
| STREET ADDRESS | 3910 U.S. HIGHWAY 301 N, ST | TF 180 | | 3.3 STREE | TADDRESS | |
| | TAMPA FL 33619 | IL. 100 | | 3.4. CITY-S | | - |
| CITY-ST-ZIP | TANIFA FL 33018 | | DELETE | 4.1 TITLE | ı-Zir | ☐ Change ☐ Addition |
| í l | | | | 4.1 MAME | |] 0 |
| NAME | | | | | | |
| STREET ADDRESS | | | | 4.3 STREE | ADDRESS | 5 |

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 comporation 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 12 if changes, or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Addition

☐ Addition

Change

Change