SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000094414 (5)

JOHN D. BRAUNIG CORPORATION

Principal Place of Business

Mailing Address

FILED

97 SEP 29 PM 3:59

SECRETALY OF STATE TALLAHASSEE, FLORIDA



| 3101 PORT ROYALE BLVD. #214 FORT LAUDERDALE FL 33308 | | 3101 PORT ROYALE BLVD. #214 FORT LAUDERDALE FL 33308 | | DO NOT WRITE | IN THIS SPAC | E | |
|---|--|---|---|--------------------|---|-----------------------------------|---|
| | | | | | 3. Date Incorporated or Qualified 11/14/1996 | | Last Report |
| · · | Place of Business | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 65-0716582 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | ├ | | 5. Certificate of Status Desired | | 3.75 Additional Fee Required |
| City & State | | City & State | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| Z ip 24 | Country 25 | Zip 29 | Country 8. This corporation owes or has paid the current year the Personal Property Tax due June 30. Yes | | | | |
| | 9. Name and Address of Curr | ent Registered Agent | | | 10. Name and Address of New Re | gistered Agen | <u> </u> |
| | aunig, John D | | 81 | Name | | | |
| 3101 PORT ROYALE BLVD. #214 FORT LAUDERDALE FL 33308 | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptab | ole) | |
| , 0 | | | 83 | | | | |
| l | | | 84 | City | | F1 85 | Zip Code |
| orrice or i | to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the obli | le of Florida. Such change was | : authorized h | v the cornora | poration submits this statement for the pation's board of directors. I hereby accep | urpose of char of the appointm | l ging its registered ent as registered |
| SIGNATURE | > | | | | | | |
| 12. | Signature, lypted or printed name of registered a | gent and tille if applicable. (NO ND DIRECTORS | 11: Registered Ag | ent signature requ | ired when reinstating) | DATE | |
| Title | | Distress | 1.17016 | | ADDITIONS/CHANGES TO OFFIC | | hange Addition |
| NAME | TOWN & BOATTE | £3 beer 10 | 1.2 NAME | | . / | | nange La Acontori |
| STREET ADDRESS | 3/0/ POST ROVERS | W APT 214 | | ADDRESS | Λ / I_{Λ} | | |
| CITY-ST-ZIP | JOHN D. Braunis 3101 PORT ROYALE B FT. LAUDER CLAKE | E/ 33308 | 1.4 CITY - 5 | | 10/2 | | |
| TITLE | 7 T BADRES SOITE | DELETE | 2.1 TITLE | 51-211 | | | hange Addition |
| NAME | | <u></u> | 22 NAME | | | | nungo nunnun |
| STREET ADDRESS | 11/2 | | 2.3 STREET | ADDRESS | 1 hannen - | | 101 |
| CITY+ST-ZIP | N/A | | 2.4 CITY- | | / ///2000025 -10/01/ *****55 | 970108 | 7022 |
| TITLE | | DELETE | 3.1 TITLE | 31-211 | | | Market S. I. Addition |
| NAME | , | | 3.2 NAME | | 21/2 | O. OO — | |
| STREET ADDRESS | 1//2 | | 3.3 STREET | ADDRESS | (K/ / A | | |
| CITY-ST-ZIP | 10/14 | | 3.4. CITY-: | ST-ZIP | 14/2 | | |
| TITLE | | ☐ DELFTE | 4.1 TITLE | <u> </u> | | □с | hange Addition |
| NAME | , | | 4. 2 NAME | | | | |
| STREET ADDRESS | $O(l_0)$ | | 4.3 STREET | ADDRESS | 11/0 | | |
| CITY-ST-ZIP | V/A | | 4.4 CHY-S | | NA | | |
| TITLE | | DELETE | 5.1 TITLE | | | Пс | hange Addition |
| NAME | | | 5.2 NAME | | , | | J- <u></u> (100.1101) |
| STREET ADDRESS | 011- | | 5.3 STREET | ADDRESS | 01/0 | | |
| CITY-ST-ZIP | <i>1V I P</i> | | 5.4 CITY - S | | 10/14 | | nange F Kodition |
| TITLE | <u> </u> | DELETE | 6.1 1/TLF | 11 - ZII | | T C | nange Milition |
| NAME | , , | | 6.2 NAME | | . 1 | /, | 4-9 |
| STREET ADDRESS | n/l_{Δ} | | 6.3 STREFT | ADDRESS | NIA | 76-2 | ,71 |
| OTTU OF THE | 1 V / /-) | | 0.3 SINCE I | ALJUNE SS | 1. 1.7 | 17 | |

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