

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

FILED  
Jan 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000005283 (1)**

1. Corporation Name

**BYAS, FRASER & CO., INC.**



Principal Place of Business

**1770 N.W. 107 AVENUE  
PEMBROKE PINES FL 33026**

Mailing Address

**1770 N.W. 107 AVENUE  
PEMBROKE PINES FL 33026**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/17/1997**

2. Principal Place of Business	2a. Mailing Address
21 <b>2500 HOLLYWOOD BLVD.</b>	26 <b>2500 HOLLYWOOD BLVD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>SUITE 310</b>	27 <b>SUITE 310</b>
City & State	City & State
23 <b>HOLLYWOOD FLORIDA</b>	28 <b>HOLLYWOOD FLORIDA</b>
Zip	Zip
24 <b>FL 33020</b>	29 <b>FL 33020</b>
Country	Country
25 <b>USA</b>	30 <b>U.S.A.</b>

4. FEI Number

**65-0724021**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MAHON, TIMOTHY K  
2929 E. COMMERCIAL BLVD.  
PENTHOUSE E  
FORT LAUDERDALE FL 33308**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRASER, GEORGE N</b>	1.2 NAME	
STREET ADDRESS	<b>1770 N.W. 107 AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33026</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRASER, LUCILLE M</b>	2.2 NAME	<b>BRAMHAM, DARRELL</b>
STREET ADDRESS	<b>1770 N.W. 107 AVENUE</b>	2.3 STREET ADDRESS	<b>5572 S.W. 114 AVE</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33026</b>	2.4 CITY-ST-ZIP	<b>COOPER CITY FL 33330</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSSDALE, EDWARD</b>	3.2 NAME	
STREET ADDRESS	<b>1770 N.W. 107 AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33026</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIRZA, AJAZ</b>	4.2 NAME	<b>MIRZA, AJAZ</b>
STREET ADDRESS	<b>1770 N.W. 107 AVENUE</b>	4.3 STREET ADDRESS	<b>WILLIAM BYAS HOUSE &amp; 14-18 ST CLARE ST</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33026</b>	4.4 CITY-ST-ZIP	<b>LONDON EC3N 1TX ENGLAND</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARLOW, MICHAEL</b>	5.2 NAME	<b>BARLOW, MICHAEL</b>
STREET ADDRESS	<b>1770 N.W. 107 AVENUE</b>	5.3 STREET ADDRESS	<b>WILLIAM BYAS HOUSE; 14-18 ST CLARE ST</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33026</b>	5.4 CITY-ST-ZIP	<b>LONDON EC3N 1TX ENGLAND</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>ELLIOTT JOHN</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>WILLIAM BYAS HOUSE; 14-18 ST CLARE ST</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>LONDON EC3N 1TX ENGLAND</b>

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.

SIGNATURE: **DARRELL BRAMHAM** January 7, 1998 954 929 3151

CR2E034 (10/97)