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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000049803 (4)

BRAYMAR, INC.

Mailing Address

Principal Place of Business

FILED Feb 27 1998 8:00am Secretary of State



16551 SW 26 HOMESTEAD		16551 SW 299 STREET HOMESTEAD FL 33030							
				L		DO NOT WRIT	E IN THIS	SPACE	
				3	 Date Incorport 06/04/199 	ated or Qualified 7			ĺ
2. Principal P 21 /655	Place of Business 1 SW Z99 ST.	26. Mailing Address 26. 16551 SW	299 ST		FEI Number	076096	51		pplied For ot Applicable
Suite, Apt.	#, etc	Suite, Apt #, etc.	· • • · · · · · · · · · · · · · · · · ·	6	. Certificate of \$	Status Desired	X	\$8.75	Additional equired
City & State	ESTEAD , FL	City & State 28 HOMESTEAD	. FL.	6	Election Camp Trust Fund Co	• •		\$5.00	May Be to Fees
Žip	Country	Zip	Country US/	<u>, e</u>		on owes or has p	aid the cur	rent year Int	tangible
24 33033	9, Name and Address of Current	29 33033 3244 3.	0 03/			erty Tax due June dress of New Re			No
OF	ROS, STEPHEN A	81 Name			TEPHEN				
16	82 Street	_		er is Not Accepta					
HC	OMESTEAD FL 33030		83 /	1 ~~ ~~	٠ . د د				
			//	655	1 54	299	ST.	Total Tri	A
				lomE.	STEAD		FL	85 350	33-3244
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar yay yand according to sbligat	and 607.1508, Florida Statutes I Florida, Such change was auf	, the above-named thorized by the corp	corporation's	on submits this a board of director	latement for the rs. I hereby acce	purpose of pt the app	changing If ointment as	ts registered registered
	irn tamiliar yilli yand aecopt the obligat	ions of, Section 607.0505, Florid . STEPHEN	da Statutes. A. Oeos				1-70	-98	
SIGNATURE	Signature, typed or printed name of registerint agent	and title if applicable (NOTE F	Registered Agent signature	e tequired whe			DATE		
12.	OFFICERS AND		13.	,	ADDITIONS/CH	ANGES TO OFFI	CERS AND		
TITLE	OROS, STEPHEN A +	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME Street address	16551 SW 299 STREET		1.2 NAME 1.3 STREET ADDRESS						
CITY-ST-ZIP	HOMESTEAD FL 33030		1.4 CITY-ST-ZIP						
TITLE		DELETE	2.1 TITLE			· ·		Change	Addition
NAME			2.2 NAME	i .					
STREET ADDRESS			2.3 STREET ADDRESS						
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STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP			6.4 CITY-ST-ZIP						
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r nereby 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 the tee ompowered 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 or an attractional with an address.

SIGNATURE