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 # P97000057579 (9)

BRAUER FINANCIAL, INC.

FILED Apr 01 1998 8:00am Secretary of State



						idii d ese t a tiili i s elia d e t des
Principal Place of Business Maiting Address						
5555 CENTRAL AVENUE NORTH 5555 CENTRAL AVENUE NC ST. PETERSBURG FL 33708 ST. PETERSBURG FL 33708						
G1. FETERIOR	5011G TE 55700	OT. PETERODORO PE OU			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					07/01/1997	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	·{ · · · · · · · · · · · · · · · · · ·		59 - 3455947	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27			D. Oddinouto of ottoo bearing	Fee Required
City & State		City & State	7		6. Election Campaign Financing	\$5.00 May Be
23	28 Z		0		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the co	urrent year Intangible
24	25 g. Name and Address of Curre	29 Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registered	
1/1			8	1 Name	10, Harris and Hadrison of How Hogistores	- Ngoil
KIEFNER, JOHN R JR. ESQ						
	0 2ND AVENUE SOUTH		8	2 Street Ad	t Address (P.O. Box Number is Not Acceptable)	
4TH FLOOR NORTH TOWER ST PETERSBURG FL 33701-4336			8	3		
ા	PETERSBURG PL 33/01-4336		Ľ	<u> </u>		
			8	4 City	FI	85 Zip Code
44 Pursuant to the provisions of Spetimus 607 0502 and 607 1508 Florida Statutos, the above gramed composition submits this statement for the purpose of changing its registered						
office or registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. Hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature typed or proted rained of regressed agreed and titled applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12. OFFICERS AND DIRECTORS			13.	gent signatura ret	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	Director / Owner	DELETE	1.1 TITLE		ADDITIONO/OFFANGES TO OFFICE NO AN	Change Addition
NAME	Berale G. Braver	_	1.2 NAM	1		_ ' -
STREET ADDRESS	5585 CONTROL Avenue			ET ADDRESS		<u>}</u> ;
CITY-ST-ZIP	st. Putersburg fi 23	110	1.4 City			
TITLE	01133013	DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAMI	: Ì		j
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP			2. 4 CITY	J	•	
TITLE			3.1 TITLE			Change Addition
NAME			3.2 NAM	:		j
STREET ADDRESS			3.3 STRE	ET ADDRESS		Ī
CITY-ST-ZIP			3.4. CHY	- S1 - ZIP		
TITLE	☐ DELETE		4 1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM	E		1
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP	7		4.4 CITY	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			. 5.2 NAMI	.		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAMI			ŀ
STREET ADDRESS			63 STRE	T ADDRESS		
CITY-ST-ZIP			6.4 City	ST-ZIP		

4. Thereby 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 trustate 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:

Commen

3/18/99

(8/3)384-5555