**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90250 022 \*\*\*150.00

## 1999 DOCUMENT # P98000028120

THE BRAUN GROUP, INC.												
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Principal Place	e of Busines	s	Mailing	Address		-		a inneinna ila inine initi a nit	PRAGOLIKOP LIKAD I		(1861 <b>58</b> 19 4 <b>83</b> 1	
9838 OLD BAYMEADOWS RD. SUITE 109 9838 OLD BAYMEADOWS RD. SUITE 109 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256							DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated or Qualif		7 31 7101		1
								03/26/1998				
2. Principal Place of Business			<b>⊢</b> ~¬	2a. Mailing Address				4. FEI Number 42-167987	19	1 1	Applicable	
Suite, Apt. #, stc.			Şui	Suite, Apt. #, etc.				5. Certificate of Status Desired		<b>\$8.75</b> A Fee Re		
City & State				City & State				6. Election Campaign Financia	. D	\$5.00	May Be	ĺ
23			28					Trust Fund Contribution		Added to	Fees	
Zip		Country	Zip		Coun	try		8. This corporation owes the c	urrent year in	tangible Yes	□No	
24		25	29		30			Personal Property Tax.  10. Name and Address of Ne	w Registered		<u> </u>	İ
	9. Name	and Address of Cun	ent Registere	d Agent		81 Name		10. Nama and Address of the	M IZEGISTEROG	- Agoni		
BRAI	UN. GEOR	GE		·	Ľ							ļ
9838 OLD BAYMEADOWS RD, SUITE 109				ſ	Street	Addres	ss (P.O. Box Number is Not Acce	eptable)			l	
JACKSONVILLE FL 32256						B3						İ
					L					(a. ( - 3. c		ĺ
						B4 City			Fl	85 Zip C		
11. Pursuant	to the provi	sions of Sections 607.0	502 and 607.1	508, Florida Statu	tes, the ab	ove-namec	Corpor	ation submits this statement for t	he purpose o	f changing its	registered	
office of f	registered aç ım familiar w	gent, or both, in the Sta inn, and accept the obl	ite of Florida. Signations of, Sec	Such change was a ction 607.0505, Fic	uthorized orda Statu	by the corp es.	oration	ration submits this statement for its board of directors. I hereby ac	сері ине арро Г	A a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ŀ
SIGNATURE		Zame S			-	- 15,	PAC	. J. L	7/1/2	IGY		ı
					KIE				1/19/	77/		١ _
	Signature, type	or printed he ne of registered :		icabia. (NOTE	: Registered /			when reinstating)	DATE DATE	O DIRECTOR	2S IN 12	98)
12.	/	OFFICERS	gent and title if appli AND DIRECTO	CRS (NOTE	: Registered /	gent signature	nequired w	ADDITIONS/CHANGES TO	DATE	ND DIRECTOR	RS IN 12	11/98)
12.	PKE	OFFICERS DENT	AND DIRECTO	CABHA (NOTE DRS DELETE	13. 1.1 Till	gent signature E	required w	ADDITIONS/CHANGES TO		Change	RS IN 12	34 (11/98)
12. TITLE NAME	PRES	OFFICERS OFFICERS	AND DIRECTO	DRS DELETE	13. 1.1 Till 1.2 NA	gent signature E	SE SE	ADDITIONS/CHANGES TO CAPTURE BLAUN  87 SOUTHS IPE	BL#	□Change	RS IN 12	E034 (11/98)
12. TITLE NAME STREET ADDRESS	PRES	OFFICERS OFFICERS	AND DIRECTO	DRS DELETE	13. 1.1 T/II 1.2 NAI 1.3 STE	gent signature E E E E E T ADDRESS	SE SE	ADDITIONS/CHANGES TO CAPTURE BLAUN  87 SOUTHS IPE	BL#	□Change	Addition	R2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES	OFFICERS DENT	AND DIRECTO	DRS DELETE	13. 1.1 T/II 1.2 NAI 1.3 STE	ent signature  E  E  E  E  T  ADDRESS  (-ST-ZIP	SE SE	ADDITIONS/CHANGES TO	BL#	□Change	RS IN 12 Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PRES	OFFICERS OFFICERS	AND DIRECTO	CASIONAL (NOTE DELETE #3/08	13. 1.1 T/II 1.2 NAI 1.3 STF 1.4 C/II	E EET ADDRESS (-ST-ZIP)	SE SE	ADDITIONS/CHANGES TO CAPTURE BLAUN  87 SOUTHS IPE	BL#	Change	Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME	PRES JEAN 8787 JAC	OFFICERS OFFICERS	AND DIRECTO	CASIONAL (NOTE DELETE #3/08	13. 1.1 T/III 1.2 NAI 1.3 STF 1.4 C/III 2.1 T/III	gent signature  E  E  E  E  E  T  T  T  T  T  T  T  T	SET STA	ADDITIONS/CHANGES TO CAPTURE BLAUN  87 SOUTHS IPE	BL#	Change	Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PRES JEAN 8787 JAC	OFFICERS OFFICERS	AND DIRECTO	CASIONAL (NOTE DELETE #3/08	13. 1.1 T/TI 1.2 NA/ 1.3 STF 1.4 C/TI 2.1 T/TI 2.2 NA/ 2.3 STF	E EET ADDRESS (-ST-ZIP)	SET STA	ADDITIONS/CHANGES TO CAPTURE BLAUN  87 SOUTHS IPE	BL#	Change	Addition	CR2E034 (11/98)
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6.4 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 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, with all other like empowered.

SIGNATURE:

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