

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Marshall
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 17 PM 12:00

DOCUMENT # S73463 (9)

1. Corporation Name

BRANDY INVESTMENT GROUP, INC.

Principal Place of Business

**847 N. SHORE DRIVE
NORMANDY ISLE FL 33141
US**

Mailing Address

**847 N. SHORE DRIVE
NORMANDY ISLE FL 33141
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/14/1991	3a. Date of Last Report 08/10/1994
4. FEI Number 65-0281234	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent

**M & W AGENTS INC.
9100 S DADELAND BLVD
PH 1
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

12. OFFICERS AND DIRECTORS

1. NAME	D WASMAN, STANLEY
2. STREET ADDRESS	847 NORTH SHORE DRIVE
3. CITY, ST, ZIP	NORMANDY ISLE FL
4. NAME	D WASMAN, MILDRED
5. STREET ADDRESS	847 NORTH SHORE DRIVE
6. CITY, ST, ZIP	NORMANDY ISLE FL
7. NAME	
8. STREET ADDRESS	
9. CITY, ST, ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	
3. CITY, ST, ZIP	☐ Change ☐ Addition
4. NAME	
5. STREET ADDRESS	
6. CITY, ST, ZIP	☐ Change ☐ Addition
7. NAME	
8. STREET ADDRESS	
9. CITY, ST, ZIP	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	☐ Change ☐ Addition
13. NAME	
14. STREET ADDRESS	
15. CITY, ST, ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and deemed equally for the exemption stated in Section 194.01(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental printed report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am available or able to be of this corporation or the person or persons responsible for the filing of this report as required by Chapter 194, Florida Statutes, and that my name appears in Block 1, or Block 1A or changed, or others attached with an affidavit.

SIGNATURE: Stanley C. Wasman
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STANLEY C. WASMAN

305-846-3952 1/9/95