

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 AM 11:13

DOCUMENT # V49804 (0)

1. Corporation Name

DAVID BRAUN OF PALM BEACH, INC.

Principal Place of Business

251 ROYAL PALM WAY
6TH FLOOR
PALM BEACH FL 33480

Mailing Address

251 ROYAL PALM WAY
6TH FLOOR
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1992

3a. Date of Last Report

03/22/1994

4. FEI Number

65-0352398

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

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

2a. Mailing Address c/o Mendoza,

26 Callas & Schilling

Suite, Apt. #, etc.

27 251 Royal Palm Way, #602

City & State

28 Palm Beach, Florida

Zip

29 33480

Country

30 USA

9. Name and Address of Current Registered Agent

DE MENDOZA, MARIO G., III
251 ROYAL PALM WAY
6TH FLOOR
PALM BEACH FL 33480

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 the corporation

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	AS
NAME	DE MENDOZA, MARIO G., III
STREET ADDRESS	251 ROYAL PALM WAY
CITY - ST - ZIP	PALM BEACH FL
TITLE	PST
NAME	BOESE, DR. PETER
STREET ADDRESS	251 ROYAL PALM WAY
CITY - ST - ZIP	PALM BEACH FL
TITLE	D
NAME	BOESE, DR. PETER
STREET ADDRESS	251 ROYAL PALM WAY
CITY - ST - ZIP	PALM BEACH FL
TITLE	AS
NAME	WILKINSON, DEBRA
STREET ADDRESS	251 ROYAL PALM WAY
CITY - ST - ZIP	PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.02(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial or 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: (x)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dr. Peter Boese, President

(x)

(407) 659-1111