FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

• PROFIT
CORPORATION
ANNUAL REPORT
1996

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

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
C/O MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY, #802
PALM BEACH FL 33480
US

3. Date Incorporated or Qualified: **07/02/1992**
3a. Date of Last Report: **02/24/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. Number — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

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

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 Section 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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DE MENDOZA, MARIO G.,III		1.2 NAME	
STREET ADDRESS	251 ROYAL PALM WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY-ST-ZIP	
TITLE	PST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BOESE, DR. PETER		2.2 NAME	
STREET ADDRESS	251 ROYAL PALM WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BOESE, DR. PETER		3.2 NAME	
STREET ADDRESS	251 ROYAL PALM WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL		3.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WILKINSON, DEBRA		4.2 NAME	
STREET ADDRESS	251 ROYAL PALM WAY		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 added on attachment with an address.

SIGNATURE: (x) _____ III (x) 4/10/96 (407) 659-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER
Mario G. de Mendoza, III, Assistant Secretary

CR2E034 (12/95)