

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$325 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

I APPROVED AND FILED

95 JUL -5 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V52764 (0)

1. Corporation Name
FRANCIS BRENNAN & ASSOCIATES, INC.

Principal Place of Business Mailing Address
1300 N. FEDERAL HIGHWAY SUITE 211 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quiesced 07/14/1992	3a. Date of Last Report 06/16/1994
4. FEI Number 65-0353677	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Elect to incorporate as a Trust or Limited Liability Company <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for unexpired tax under s. 105.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
City 29	Country 30

9. Name and Address of Current Registered Agent
**BRENNAN, FRANCIS J.
1300 N FEDERAL HWY
STE. 211
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 607.0605, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **6/26/95**

12. OFFICERS AND DIRECTORS		13.	
TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNAN, FRANCIS J.	2. NAME	
STREET ADDRESS	1300 N. FEDERAL HWY #211	3. STREET ADDRESS	
CITY, ST., ZIP	BOCA RATON FL	4. CITY, ST., ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST., ZIP		24. CITY, ST., ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST., ZIP		34. CITY, ST., ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST., ZIP		44. CITY, ST., ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST., ZIP		54. CITY, ST., ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST., ZIP		64. CITY, ST., ZIP	

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 110.02(3)(b), Florida Statutes. I further certify that the information related to 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 manager 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 of this report or on an attachment with an address.

SIGNATURE: *[Signature]* **FRANCIS J. BRENNAN** DATE: **6/26/95** **401395116?**

CR2E034 (3/95)