

**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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # S00359 (7)

1. Corporation Name  
**BRANDON FINANCIAL CORP.**



Principal Place of Business: 2204 BAY DRIVE, POMPANO BEACH FL 33062, US  
Mailing Address: 2204 BAY DRIVE, POMPANO BEACH FL 33062, US

3. Date Incorporated or Qualified: 08/31/1990  
3a. Date of Last Report: 04/25/1995  
4. FEI Number: 65-0217184  
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 RR # 3, Box e-1, 22 Suite, Apt. #, etc., 23 City & State: PRONO, VT, 24 Zip: 84604, 25 Country: USA  
2a. Mailing Address: 26 RR # 3, Box e-1, 27 Suite, Apt. #, etc., 28 City & State: PRONO, VT, 29 Zip: 84604, 30 Country: USA

9. Name and Address of Current Registered Agent  
KAPELOW, STEPHEN  
2204 BAY DR  
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent  
81 Name: KAPELOW, STEPHEN  
82 Street Address (P.O. Box Number is Not Acceptable): 2861 N.E. 15TH STREET  
83  
84 City: POMPANO BEACH FL 85 Zip Code: 33060

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] STEPHEN KAPELOW, V.P., D. 3/25/96  
Signature typed or printed name of registered agent and the principal office (NOTE: Registered Agent signature required when "reinstating") DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D, VP	<input type="checkbox"/>
NAME	KAPELOW, STEPHEN	
STREET ADDRESS	2204 BAY DR	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	D, P	<input type="checkbox"/>
NAME	KAPELOW, LOREN	
STREET ADDRESS	2204 BAY DR	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS	500001808755		
4.4 CITY - ST - ZIP	-05/06/96--01029--001		
5.1 TITLE	***208.75	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 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 on an attachment with an address

SIGNATURE: [Signature] STEPHEN KAPELOW, V.P. 3/26/96 (80)225-5683  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)