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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 388033

1. Corporation Name BRADY PRODUCTS, INC.

Principal Place of Business P O BOX 5304 2151 LOGAN STREET CLEARWATER FL 34625 US

Mailing Address P O BOX 5304 2151 LOGAN STREET CLEARWATER FL 34618 US

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip Country 24 25

2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent

BRADY, SHEILA A. 2151 LOGAN STREET CLEARWATER FL 34625

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] Signature, typed or printed name of registered agent and this applicable

(NOTE: Registered Agent signature required when not applicable)

(DATE)

12. OFFICERS AND DIRECTORS

Table with 5 rows of officer information including titles (VSD, CPT, VD), names (MORGAN, MARIANNE A, BRADY, SHEILA A, SAILOR, JIM, BORLAND, CAMILLE, PHILLIPS, NORMAN J), and addresses.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 rows of addition/change information including titles (D), names (James Sailor, Norman J. Phillips, Martin Schweitzer), and addresses.

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered

SIGNATURE: [Signature] S.A. BRADY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99

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99 JAN 25 AM 11:39

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified 09/03/1971
4. FEI Number 59-1376167
5. Certificate of Status Desired
6. Election Campaign Financing
8. This corporation owes the current year Intangible Personal Property Tax