

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Jan 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G47430** (5)  
1. Corporation Name  
**BRADFORD CORP.**



Principal Place of Business  
**2601 S. BAYSHORE BLVD.  
600  
MIAMI FL 33133  
US**

Mailing Address  
**2601 S. BAYSHORE BLVD.  
600  
MIAMI FL 33133-5419  
US**

3. Date Incorporated or Qualified  
**07/05/1983**

3a. Date of Last Report  
**03/13/1996**

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 Zip Country

4. FEI Number  
**65-0109202**

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

**HKE&F REGISTERED AGENT CORP.  
2601 SOUTH BAYSHORE DRIVE  
SUITE 600  
MAIMI FL 33133**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                                  |                                 |
|-----------------|----------------------------------|---------------------------------|
| TITLE           | <b>PD</b>                        | <input type="checkbox"/> DELETE |
| NAME            | <b>HOLTZMAN, SYLVAN</b>          |                                 |
| STREET ADDRESS  | <b>2601 S. BAYSHORE DR. #600</b> |                                 |
| CITY - ST - ZIP | <b>MIAMI FL</b>                  |                                 |
| TITLE           | <b>VD</b>                        | <input type="checkbox"/> DELETE |
| NAME            | <b>KRINZMAN, RICHARD N.</b>      |                                 |
| STREET ADDRESS  | <b>2081 S. BAYSHORE DR. #600</b> |                                 |
| CITY - ST - ZIP | <b>MIAMI FL</b>                  |                                 |
| TITLE           | <b>SD</b>                        | <input type="checkbox"/> DELETE |
| NAME            | <b>EQUELS, THOMAS, K</b>         |                                 |
| STREET ADDRESS  | <b>2601 S. BAYSHORE DR. #600</b> |                                 |
| CITY - ST - ZIP | <b>MIAMI FL</b>                  |                                 |
| TITLE           |                                  | <input type="checkbox"/> DELETE |
| NAME            |                                  |                                 |
| STREET ADDRESS  |                                  |                                 |
| CITY - ST - ZIP |                                  |                                 |
| TITLE           |                                  | <input type="checkbox"/> DELETE |
| NAME            |                                  |                                 |
| STREET ADDRESS  |                                  |                                 |
| CITY - ST - ZIP |                                  |                                 |
| TITLE           |                                  | <input type="checkbox"/> DELETE |
| NAME            |                                  |                                 |
| STREET ADDRESS  |                                  |                                 |
| CITY - ST - ZIP |                                  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |   |
| 13 STREET ADDRESS  |   |
| 14 CITY - ST - ZIP |   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |   |
| 23 STREET ADDRESS  |   |
| 24 CITY - ST - ZIP |   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |   |
| 33 STREET ADDRESS  |   |
| 34 CITY - ST - ZIP |   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |   |
| 43 STREET ADDRESS  |   |
| 44 CITY - ST - ZIP |   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |   |
| 53 STREET ADDRESS  |   |
| 54 CITY - ST - ZIP |   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |   |
| 63 STREET ADDRESS  |   |
| 64 CITY - ST - ZIP |   |

14. I do 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.

SIGNATURE: *Richard N. Krinzman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **1/7/97** (305) 859-7770  
Daytime Phone #

CR2E034 (9/96)