

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # L22769 (8)

1. Corporation Name
BRADNER DEVELOPMENT, INC.



Principal Place of Business
**1330 SW COTTONWOOD COVE
 PORT ST. LUCIE FL 34986**

Mailing Address
**1330 SW COTTONWOOD COVE
 PORT ST. LUCIE FL 34986**

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	10/13/1989		06/26/1995
4.	FLI Number	Applied For	
	65-0167027	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10.	Name and Address of New Registered Agent		

9. Name and Address of Current Registered Agent

**D'ARCY, BERNARD F.
 1330 SW COTTONWOOD COVE
 PORT ST. LUCIE FL 34986**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0500 and 607.1505, 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. Thereby, we, as the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ARCY, BERNARD F.	13.2 NAME	
STREET ADDRESS	1330 SW COTTONWOOD COVE	13.3 STREET ADDRESS	
CITY-STATE-ZIP	PORT ST. LUCIE FL	13.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ARCY, MAUREEN A.	13.6 NAME	
STREET ADDRESS	1330 SW COTTONWOOD COVE	13.7 STREET ADDRESS	
CITY-STATE-ZIP	PORT ST. LUCIE FL	13.8 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, WALTER J	13.10 NAME	
STREET ADDRESS	2293 SW EDISON CIRCLE	13.11 STREET ADDRESS	
CITY-STATE-ZIP	PORT ST. LUCIE FL	13.12 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13.14 NAME	
STREET ADDRESS		13.15 STREET ADDRESS	
CITY-STATE-ZIP		13.16 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13.18 NAME	
STREET ADDRESS		13.19 STREET ADDRESS	
CITY-STATE-ZIP		13.20 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied herein is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(c), 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 officer or trustee appointed 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 affidavit.

SIGNATURE: *Bernard F. D'Arcy*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96
 (CHOT)
 871-1437
 LEGAL FEE

CR2E034 (12/95)