

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

DOCUMENT # **593972** (3)

1. Corporation Name

BERNIE BRADEN REALTY, INC.



Principal Place of Business

**1506 S.E. 14TH ST.
CAPE CORAL FL 33990**

Mailing Address

**1506 S.E. 14TH ST.
CAPE CORAL FL 33990**

2. Principal Place of Business

21 **4812 Cape Coral St**

2a. Mailing Address

26 **4812 Cape Coral St.**

Suite, Apt. #, etc.

22 **Cape Coral, Fl 33904**

Suite, Apt. #, etc.

27 **Cape Coral, Fl 33904**

City & State

23 **33904 Lee**

City & State

28 **33904 Lee**

Zip

24 **Country**

Zip

29 **Country**

30

3. Date Incorporated or Qualified
11/21/1978

3a. Date of Last Report
05/01/1995

4. FEI Number

59-1865858

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

**BRADEN BERNICE
1506 S.E. 14TH ST.
CAPE CORAL FL 33990**

10. Name and Address of New Registered Agent

81 Name

Bernice Braden

82 Street Address (P.O. Box Number is Not Acceptable)

4812 Cape Coral St.

83

Cape Coral, Fl 33904

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, 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Bernice Braden

Date of Signature

April 11, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO** ☐ DELETE
NAME **BRADEN, BERNICE**
STREET ADDRESS **1730 SANDY CIRCLE #112**
CITY-STATE-ZIP **CAPE CORAL FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

Bernice Braden
BERNICE BRADEN

Preo 4-11-96 941-542-2400
Daytime Phone #

CR2E034 (12/95)