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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business 4812 CAPE CORAL ST CAPE CORAL FL 33904



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 593972

(3)

BERNIE BRADEN REALTY, INC.

## FILED Apr 08 1998 8:00am Secretary of State

- A ABADA BIANG NEKOR ANAK TEKAR KEBAT PADA BIAN BERKI DARAK BADA BIBNI BIRKI BIRKI PADA

		ı			
Mailing Address	i indiciti birin shide civit cabis ital disku bibir bibir dibit bibir bibir bibir sabi	j			
4812 CAPE CORAL ST CAPE CORAL FL 33904 US	DO NOT WRITE IN THIS SPACE				
	Date Incorporated or Qualified     11/21/1978				
2a. Mailing Address	4. FEI Number Applied Fo	or			
F-	PO 400F0P0	1			

<ol><li>Principal Place</li></ol>	ce of Business	2a, Mailing Add	dress			4. FEI Number		Applied For
1		26				59-1865858		Not Applicable
Suite, Apt. #,	elc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired		.75 Additional ee Required
City & State		City & State	9			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip	Country 25	Z₁p 29	30	untry			Yes	□ Ño
	g. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered	Agent	
	EN, BERNICE			81	Name			
4812 CAPE CORAL ST CAPE CORAL FL 33904			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			83					
				84	City	E1	65	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.

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or printed name of trigistered agent and lifted applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	The state of the s		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE	1.1 TITLE	Change Addition			
NAME )	BRADEN, BERNICE		1.2 NAME				
STREET ADDRESS	1730 SANDY CIRCLE #112		1.3 STREET ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY - ST - ZIP				
TITLE		DELETE	2.1 TiTLE	. Change Addition			
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TIFLE	Change Addition			
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE	Change Addition			
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5 1 TITLE	Change Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DÉLETE	6.1 TITLE	☐ Change ☐ Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

14. 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 a attachment with an address.

SIGNATURE:

Gernice Braden

3-26-98 941-542-2400

2F034 (10/97)