

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
James B. McGowan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 856162 (3)

(Corporate Name)

FIRST BRADFORD CORP.

APPROVED
AND
FILED

93 MAY -1 AM 1:26

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

410 JERICHO TURNPIKE
JERICHO NY 11753

410 JERICHO TURNPIKE
JERICHO NY 11753

DO NOT WRITE IN THIS SPACE

2. Previous Report of Business		3a. Date of Last Report	
21		04/20/1994	
22		3b. Date of Incorporation or Qualification	
23		04/15/1983	
24		4. FET Number	
25		11-2622826	
26		5. Certificate of Status Desired	
27		☐ \$8.75 Additional Fee Required	
28		6. Election Campaign Financing Trust Fund Contribution	
29		☐ \$5.00 May Be Added to Fees	
30		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

11. Pursuant to the provisions of Sections 607.01 and 607.02, 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.02, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (4/1)	
NAME	PSD	1. NAME	☐ Change ☐ Addition
NAME	WEISS, BARBARA	2. NAME	☐ Change ☐ Addition
STREET ADDRESS	410 JERICHO TURNPIKE	3. STREET ADDRESS	☐ Change ☐ Addition
CITY, STATE, ZIP	JERICHO NY	4. CITY, STATE, ZIP	☐ Change ☐ Addition
NAME		5. NAME	☐ Change ☐ Addition
STREET ADDRESS		6. STREET ADDRESS	☐ Change ☐ Addition
CITY, STATE, ZIP		7. CITY, STATE, ZIP	☐ Change ☐ Addition
NAME		8. NAME	☐ Change ☐ Addition
STREET ADDRESS		9. STREET ADDRESS	☐ Change ☐ Addition
CITY, STATE, ZIP		10. CITY, STATE, ZIP	☐ Change ☐ Addition
NAME		11. NAME	☐ Change ☐ Addition
STREET ADDRESS		12. STREET ADDRESS	☐ Change ☐ Addition
CITY, STATE, ZIP		13. CITY, STATE, ZIP	☐ Change ☐ Addition
NAME		14. NAME	☐ Change ☐ Addition
STREET ADDRESS		15. STREET ADDRESS	☐ Change ☐ Addition
CITY, STATE, ZIP		16. CITY, STATE, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not equally for the exemption stated in law 199.032(1)(b), Florida Statutes. I further certify that the information is stated 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2, or Block 3 of this report as an officer with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Weiss

President

4/24/95

516-681-5300