FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	JAL REPORT 1996	Secretary DIVISION OF CO			
1. Corporatio	MENT # F95000	0003178 (9)			
DICK E	Bradley and associates	S, INC.			
)	
Principal Place	e of Business	Mailing Address			
PO BOX 1657		•			
BOCA RATON FL 33429		PO BOX 1657 BOCA RATON FL 33429			
				3. Date Incorporated or Qualified	0- 0
				06/30/1995	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26		04-3234419	Not Applicable
22 Suite, Apr.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired [\$8.75 Additional
City & State	e	City & State		6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country	Zip	Country	8. This corporation has liability for intan	ngible tax under s. 199.032,
[24]	9. Name and Address of Current	29 3 t Registered Agent	0	Florida Statutes	Yes No
			81 Name	70. Harrie and Radioss of Herr Hegis	stored Agent
BRADLEY, RICHARD J			82 Street A	kiddress (P.O. Box Number is Not Acceptable)	
800 E. JEFFREY ST, SUITE 406				Coross (1.0. Dox Hamber is 140t Acceptable)	
PORTA BELLA SOUTH BOCA RATON FL 33487			83		
אטטס	MION FL 33487		84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508. Florida Statutes, t	be above-named cor	poration submits this statement for the purpose	FL of changing its registered office
vi register	red agent, or both, in the State of Florid th, and accept the obligations of, Section	a, Such Charige was authorized d	by the corporation's b	polation submits this statement for the purpost loard of directors. Thereby accept the appointn	nent as registered agent. I am
SIGNATURE	, ,				
12.	Signature, typed or printed name of registered agent a OFFICERS AND		legistered Agent signature req		DATE
TITLE	CPS CITICENS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICEE	Change Addition
NAME	BRADLEY, RICHARD J	_	1.2 NAME	MCDONOUGH, MARSHA	Onlingo Addition
STREET ADDRESS	800 E. JEFFERY ST		1.3 STREET ADDRESS	42 FAIRMOUNT AVE.	
CITY-ST-ZIP	BOCA RATON FL 33487			WAKEFIELD, MA 01880	
TITLE NAME	TD Bradley, Joan M	DELETE	2.1 TITLE	MENIARU FRANCIS	☐ Change ☑ Addition
NAME	=800 E. JEFFERY ST		2.2 NAME 2.3 STREET ADDRESS	MCNARY FRANCIS 50 RIVERSIDE ST	1
CITY-ST-ZIP	BOCA RATON FL 33487		2 4 CITY-SI-ZIP	NEEDHAM, MA OZMY	
TITLE	0	DELETE	3.1 TITLE	,,,,,	Change Addition
NAME	O'DONNELL, ROBERT J		3.2 NAME		_
STREET ADDRESS	13 Greenleaf RD Norwood Ma 02062		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D NONTOOD MA 02002	DELETE	3.4. CITY - ST - ZIP		
NAME	HOLLAND, WILLIAM		4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS	11 COUNTRYSIDE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	NARRAGANSETT RI 02882		4.4 CITY - ST - ZIP		
TITLE	· · 	DELETE	5 1 TITLE		Change Addition
NAME STREET ADDRESS			5 2 NAME		
STREET ADDRESS CITY-ST-ZIP		•	5 3 STREET ADDRESS		
TITLE		DELETE	5 4 DITY-ST-ZIP 6 1 TITLE		☐ Change ☐ Addition
NAME		•	6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	continue that the info	an and comments	6.4 CITY - ST - ZIP		
				y for the exemption stated in Section 119.07(3) urate and that my signature shall have the same	
oain, mai i	Block 12 or Block 13 if changed, or on	ation of the receiver or trustee em	powered to execule	this report as required by Chapter 617, Florida	Statutes; and that my name

CR2E037 (12/95)

SIGNATURE: SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OF DIRECTOR 3/12/56 (407) 995-9074