


FILE NOW: FILING FEE IS \$61.25

FILED  
May 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000003178 (9)**

1. Corporation Name

**DICK BRADLEY AND ASSOCIATES, INC.**



Principal Place of Business <b>PO BOX 1657 BOCA RATON FL 33429</b>	Mailing Address <b>PO BOX 1657 BOCA RATON FL 33429</b>
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3. Date Incorporated or Qualified <b>06/30/1995</b>
4. FEI Number <b>04-3234419</b>
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
<b>BRADLEY, RICHARD J</b> <b>800 E. JEFFREY ST, SUITE 406</b> <b>PORTA BELLA SOUTH</b> <b>BOCA RATON FL 33487</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
<b>FL</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>CPS</b> <input type="checkbox"/> DELETE
NAME	<b>BRADLEY, RICHARD J</b>
STREET ADDRESS	<b>800 E. JEFFERY ST</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>BRADLEY, JOAN M</b>
STREET ADDRESS	<b>800 E. JEFFERY ST</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>O'DONNELL, ROBERT J</b>
STREET ADDRESS	<b>13 GREENLEAF RD</b>
CITY-ST-ZIP	<b>NORWOOD MA 02062</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HOLLAND, WILLIAM</b>
STREET ADDRESS	<b>11 COUNTRYSIDE RD</b>
CITY-ST-ZIP	<b>NARRAGANSETT RI 02882</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MCDONOUGH, MARSHA</b>
STREET ADDRESS	<b>42 FAIRMOUNT AVENUE</b>
CITY-ST-ZIP	<b>WAKEFIELD MA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MCONARY, FRANCIS</b>
STREET ADDRESS	<b>50 RIVERSIDE STREET</b>
CITY-ST-ZIP	<b>NEEDHAM MA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E037 (1097)