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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation		9 (0)						
BRADE	ENTON PROPERTIES, INC.							
Principal Place	of Business	Mailing Address	I HORAKIA DONO TADON HADRO HADRA DIANKA	I FOR OFER QUELLOS	ION OFEN ORDIN TOOL			
3639 CORTZ BRADENTON	RD. W. SUITE 212 FL 34210	3639 CORTZ RD. W. S Bradenton FL 34210						
				3. Date Incorporated or Qualified 02/01/1983	3a. Date of Last 04/10/1			
2. Principa! Pla	ace of Business	2a, Mailing Address		4. FEI Number		Applied For		
Suite, Apt. #	* ata	Suite, Apt. #, etc.		59-2249300		Not Applicable		
22 Suite, Apr. 4	y, etc.	27 Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional e Required		
City & State		City & State		6. Election Campaign Financing		00 May Be	-	
23		28		Trust Fund Contribution		ded to Fees		
Zip	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under	s 199.032,	1	
24	25	29	30	Fiorida Statutes Yes				
	g. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent		]	
DDF014	D D44D I		81 Name					
	JR, DAVID L.		82 Street Addr	ress (P.O. Box Number is Not Acceptable	e)			
	ANSAS ST.		83			<del></del>	1	
P.O. BO			03					
DINAUEN	NTON FL 34281		84 City		FL 85	Zıp Code	ĺ	
11 Pursuant to	o the provisions of Sections 607 0502	and 607 1508. Florida Statute	os the above pamed corner	ration out mits this statement for the must			ļ	
SIGNATURE 4	Leve L. Kul	/	ed by the corporation's boar  Preslar 4/11  TE Registered Agant signature for pair of	ration submits this statement for the pury rd of directors. I hereby accept the appo		ed agent. I am		
12.	Signature, typed or printed name of registered agent a OFFICERS AND		TE: Registered Agent signature require  13.		OFFIC AND DIGIES	FODE IN 10	3	
TITLE	TS	DELETE	1 1 TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIREC		CR2E034 (12/95)	
NAME	ROBERTS, NINA J.		12 NAME		<u> </u>		4	
\$TREET ADDRESS	6505 NEBRASKA ST.		13 STREET ADDRESS				ဗ္ဗ	
CiTY+S1+ZiP	BRADENTON, FL 33505		14 CITY-ST-ZIP				2	
TITLE	P	☐ DELETE	2 1 TITLE		☐ Change	e 🔲 Addition	Ö	
NAME	Preslar, David, L		22 NAME					
STREET ADDRESS	6507 KANSAS ST P.O. 5551		2 3 STREET ADDRESS					
CITY-S1-ZIP	BRADENTON FL		24 CITY-ST-ZIP				l	
TITLE		☐ DELETE	3. 1 TITLE		☐ Change	Addition	İ	
NAME			3 2 NAME					
STREET ADORESS			3.3. STREET ADDRESS					
CITY-ST-ZIP			3.4 CITY - ST - ZIP					
TITLE		☐ DELETE	4. 1 TITLE		Change	e 🔲 Addition		
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP TITLE		☐ DELĒTE	4.4 CiTY - ST - ZIP		□ c	CT Addition	1	
NAME		Попец	5. 1 TITLE		☐ Change	e		
STREET ADDRESS			5.2 NAMÉ					
- 1			5.3 STREET ADDRESS					
CHTY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - ST - ZIP 6. 1 TITLE		☐ Change	Addition		
NAME		L. occere	6.2 NAME			L. Nonion		
STREET ADDRESS			6.3 STREET ADDRESS					
0.012 01 3:0			C.S. STILLET ADDITION				ĺ	

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 office 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 of Block 13 if changed, or on an attractment with an address.

SIGNATURE: 👠	Dee 1	Lelan	- David L.	Preslar	4/11/		
V-5	IGNATURE AND TYPED OR I	MINTED NAME OF SIGNING	OFFICER OR DIRECTOR	3	7 06	Date	Davtimo Phone #