

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

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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90034 035 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H21429

1. Corporation Name
E.R. BRADLEY'S, INC.



Principal Place of Business 111 BRADLEY PLACE PALM BEACH FL 33480	Mailing Address 111 BRADLEY PLACE PALM BEACH FL 33480
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/18/1984	4. FEI Number 59-2466119	Applied For <input checked="" type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22. City & State	27. City & State	7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
23. Zip	28. Country			
24. Zip	25. Country			
29. Zip	30. Country			

9. Name and Address of Current Registered Agent CONIGLIO, FRANK 111 BRADLEY PL. PALM BCH. FL 33480	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. City FL 85. 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V	NAME JURICH, LISA <input checked="" type="checkbox"/> DELETE	1.1 TITLE VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME JENNIFER C. PEVERINI
STREET ADDRESS 111 BRADLEY PLACE	CITY-ST-ZIP PALM BEACH FL	1.3 STREET ADDRESS 233 ROYAL PUNGANNA WAY #2	1.4 CITY-ST-ZIP PALM BEACH, FL. 33480
TITLE ST <input type="checkbox"/> DELETE	NAME CONIGLIO, GAIL L <input type="checkbox"/> DELETE	2.1 TITLE VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME MYLENE B. NARDOLLO
STREET ADDRESS 111 BRADLEY PLACE	CITY-ST-ZIP PALM BEACH FL	2.3 STREET ADDRESS 5239 CANNON WAY	2.4 CITY-ST-ZIP W.P.B., FL. 33415
TITLE V <input type="checkbox"/> DELETE	NAME CONIGLIO, DONDRA <input type="checkbox"/> DELETE	3.1 TITLE	3.2 NAME
STREET ADDRESS 111 BRADLEY PLACE	CITY-ST-ZIP PALM BEACH FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE V <input type="checkbox"/> DELETE	NAME REALE, MITCHELL L <input type="checkbox"/> DELETE	4.1 TITLE	4.2 NAME
STREET ADDRESS 111 BRADLEY PLACE	CITY-ST-ZIP PALM BEACH FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE V <input checked="" type="checkbox"/> DELETE	NAME FORGONY, DENNIS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	5.2 NAME
STREET ADDRESS 111 BRADLEY PLACE	CITY-ST-ZIP PALM BEACH FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **1/12/99** DAYTIME PHONE #: **561-833-3520**