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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

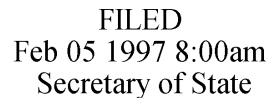
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H38412

(3)

BRADFORD-SCOTT CORPORATION OF FLORIDA





						BJANI BYGIK BYBY BYBY	, BIRIJ BIRIJ HARI
Principal Place of Business Mailing Address							
	Dration System Broward Blvd.	3315 ST. CHARLES BOCA RATON FL					
PLANTATION FL 33324 US					3. Date Incorporated or Qualified 01/17/1985	3a. Date of La 02/05/19	
2. Principal F	Place of Business	2a. Mailing Addre	ss		4. FEI Number	1 00,007	Applied For
21		26				Not Applicable	
Suite, Apt. #, etc 22		Suile, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing	ng \$5.00 May Be Added to Fees	
23 Zip	Country	28 Zip		untry	Trust Fund Contribution		
24)	25	 	30	only .	8. This corporation has liability for in Florida Statutes	ntangible tax und Yes \ \ \ No	Jer s. 199.032,
24)	g, Name and Address of Curr	29 29 Agent	[30]	T	10. Name and Address of New Rec		
CT.	CORPORATION SYSTEM	on right		81 Name	10.		
1200 S. PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)			
ייי	ANTATION FL 33324			83			
				84 City		85	Zip Code
					poration submits this statement for the pi	FL	
SIGNATURE	Signature: typed or profed name of registered OFFICERS A	agent and title if applicable AND DIRECTORS	(NOTE: Registere	ed Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC		
TITLE	DP	☐ DEL	.ETE 1.1 T	ITLE		☐ Cha	ange Addition
NAME	ELLIOTT, ROBERT G.		1.2 M	IAME			
STREET ADDRESS	3315 ST. CHARLES CIR.		1.3 \$	TREET ADORESS			
CITY-ST-ZIP	BOCA RATON FL	··		ITY-ST-ZIP			
TITLE		DEL	.ETE 211	ATLE .		☐ Ch	ange [] Addition
NAME			2.2 M	IAME			
STREET ADDRESS			2.3 \$	TREET ADDRESS			
CHTY-ST-ZIP				CITY-ST-ZIP	<u> </u>	710	
TITLE	}	☐ DEL				L. Cha	ange L Addition
NAME			3.2 /	· · · · · ·			
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP		DEL		CITY-ST-ZIP		□ Ch	ange
TITLE		בן טננ		ľ		[] (/ii	אווניים רוו אפיניוני
NAME PAGEST ANDOSCO				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DEL		ITY-ST-ZIP		☐ Ch	ange Addition
NAME		ا ال		IAME I			
				1			
STREET ADDRESS	1		0.3 8	TREET ADDRESS			
CITY-ST-ZIP				מול דם עדוי			
7171 F		T DFI		CITY-ST-ZIP] i ch	anne Addition
TITLE		DEI	ETE 6.11	ITLE		☐ Ch	ange Addition
NAME		DEI	ETE 6.11	ITLE IAME		□ Ch	ange Additio
		Ŭ ĐếI	ETE 6.11 6.21 6.35	ITLE		Ch	ange 🔲 Additio

14. I do 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.

SIGNATURE: