

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J64400

(1)

1. Corporation Name

BRADAR, INC.

Principal Place of Business

1725 C. R. 951 #107
NAPLES FL 33999

Mailing Address

1725 C. R. 951 #107
NAPLES FL 33999

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/30/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0023207

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 2121 C.R. 951

2a. Mailing Address

26 2121 C.R. 951

Suite, Apt. #, etc.

22 SUITE 103

Suite, Apt. #, etc.

27 SUITE 103

City & State

23 NAPLES, FL

City & State

28 NAPLES FL

Zip

24 33999

Country

Zip

29 33999

Country

30

9. Name and Address of Current Registered Agent

DAMICO, DARRYL J
1725 CR 951 107
NAPLES FL 33999

10. Name and Address of New Registered Agent

81 Name

DAMICO, DARRYL J

82 Street Address (P.O. Box Number is Not Acceptable)

2121 C.R. 951

83

SUITE 103

84 City

NAPLES

FL

85 Zip Code

33999

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Signature, typed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

X 5/1/95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DAMICO, DARRYL JAMES
STREET ADDRESS	1725 C. R. 951 #107
CITY - ST - ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	DAMICO, DARRYL J	
1.3 STREET ADDRESS	1725 C. R. 951, SUITE 103	
1.4 CITY - ST - ZIP	NAPLES FL 33999	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 110.07(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 officer or director of the corporation or the beneficiary 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARRYL J DAMICO, NALES.

Date

Daytime Phone #

X (213)-455-1078