

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K96911 (8)
1. Corporation Name
THE BRADFORDT COMPANY

Principal Place of Business
1417 N. SEMORAN BLVD.
SUITE 202
ORLANDO FL 32807
US

Mailing Address
1417 N. SEMORAN BLVD.
SUITE 202
ORLANDO FL 32807
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/21/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2953568	
24 Country		29 Country		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	
				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				10. Name and Address of New Registered Agent	
GRAY, N. DWAYNE JR. 201 S. ORANGE AVE. SUITE 1060 ORLANDO FL 32801				81 Name GRAY, N. DWAYNE JR. 82 Street Address (P.O. Box Number is Not Acceptable) 135 WEST CENTRAL BLVD. 83 SUITE 1100 84 City ORLANDO FL 85 Zip Code 32801	

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

N. Dwayne Jr.

NOT: Registered Agent signature required when reinstating

4/29/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WOLFE, MARSHAL C	1.2 NAME	WOLFE, MARSHAL C.
STREET ADDRESS	1100 ARTESIA AVENUE	1.3 STREET ADDRESS	1417 N. SEMORAN BLVD., SUITE# 202
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	V	2.1 TITLE	
NAME	BURDEN, JOHN R	2.2 NAME	
STREET ADDRESS	13674 CRYSTAL RIVER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	SECRETARY
NAME		3.2 NAME	DANIEL E. WILLETT
STREET ADDRESS		3.3 STREET ADDRESS	3012 S. SEMORAN BLVD., #12
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ORLANDO, FL 32822
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

4-27-98

(407) 382-4500

CR2E034 (10/97)