

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # L22769 (8)**

1. Corporation Name  
**BRADNER DEVELOPMENT, INC.**



Principal Place of Business  
**1330 SW COTTONWOOD COVE  
 PORT ST. LUCIE FL 34986**

Mailing Address  
**1330 SW COTTONWOOD COVE  
 PORT ST. LUCIE FL 34986**

3. Date Incorporated or Qualified: **10/13/1989**  
 3a. Date of Last Report: **06/26/1995**  
 4. FLE Number: **65-0167027**  
 Applied For:  Applied For  
 Not Applicable:  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  
 10. Name and Address of New Registered Agent

2. Principal Place of Business  
 21. State, Apt. #, etc.  
 22. City & State  
 23. Zip  
 24. Country  
 25. Country  
 26. Mailing Address  
 27. State, Apt. #, etc.  
 28. City & State  
 29. Zip  
 30. Country

9. Name and Address of Current Registered Agent  
**D'ARCY, BERNARD F.  
 1330 SW COTTONWOOD COVE  
 PORT ST. LUCIE FL 34986**  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
 85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0500 and 607.1505, 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. Thereby, we, as the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	D'ARCY, BERNARD F.	
STREET ADDRESS	1330 SW COTTONWOOD COVE	
CITY-STATE-ZIP	PORT ST. LUCIE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	D'ARCY, MAUREEN A.	
STREET ADDRESS	1330 SW COTTONWOOD COVE	
CITY-STATE-ZIP	PORT ST. LUCIE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LEWIS, WALTER J	
STREET ADDRESS	2293 SW EDISON CIRCLE	
CITY-STATE-ZIP	PORT ST. LUCIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 NAME	
13.6 STREET ADDRESS	
13.7 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 NAME	
13.9 STREET ADDRESS	
13.10 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 TITLE	
13.12 NAME	
13.13 STREET ADDRESS	
13.14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.15 NAME	
13.16 STREET ADDRESS	
13.17 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied herein is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(g), 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 trustee or trustee-elect named 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 affidavit.

SIGNATURE: *Bernard F. D'Arcy*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96  
 (CHOT)  
 871-1437  
 U.S. DEPARTMENT OF STATE

CR2E034 (12/95)