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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(8)

T.L. BRADLEY CORPORATION

FILED Apr 23 1998 8:00am Secretary of State

<u> </u>				
Principal Place of Business	Mailing Address			
3133 LAKEVIEW DRIVE DELRAY BEACH FL 33445 US	3133 LAKEVIEW DRIVE DELRAY BEACH FL 33445 US		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified 12/22/1987	
2. Principal Place of Business	2a, Mailing Address		4. FFI Number	Applied For
21	26		65-0019295	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country <b>25</b>	Ζιμ) C 29 30	ountry	8. This corporation owes or has paid the cu Personal Property Tax due June 30.	irrent year Intangible
g. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
Bradley, Sandra 3133 Lakeview Drive Delray Beach Fl 33445		81 Name 82 Street Addi	ress (P.O. Box Number is Not Acceptable)	

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, hypert or profest name, of regelesced agent and little it apply able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 🔲 DELETE THLE Change Addition 1.1 TITLE BRADLEY, SABDRA A 1.2 NAME NAME 3133 LAKEVIEW DRIVE STREET ADORESS 1.3 STREET ADDRESS **DELRAY BEACH FL 33445** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change ncithbA ... 2.1 TITLE TITLE NAME 2.2 NAMI STREET ADORESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY: ST-ZIP DELETE \_\_\_ Addition TITLE 3.1 TITLE NAME 3.2 NAMI STREET ADDRESS 3.3 STREET ADDRESS CITY-ST ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4 4 CITY - ST- 2IP CITY - ST - ZIP DELETE Change Addition TILLE 5.1 HH E 5.2 NAME NAME STREET ADORESS 5.3 STREET ADDRESS 5 4 C(1Y - S1 - Z(P CITY-ST ZIP DETETE Change Addition TITLE 6 1 TILLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST ZIP 64 CITY - ST-ZIP

14. Thereby 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

561-499-1891

Zip Code