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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 19 1997 8:00am

Secretary of State

Daytime Phone #

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000002493 (2)

THE BRADY GROUP, INC.

Principal Place of Business

SIGNATURE:

436 HOMER AVE. 436 HOMER AVE. LONGWOOD FL 32750 LONGWOOD FL 32750-6164 3. Date Incorporated or Qualified 3a. Date of Last Report 01/15/1994 08/27/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3222874 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П **Trust Fund Contribution** 23 28 Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes No Zio Country Zip Country 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name BRADY, LONDA 436 HOMER AVE. 82 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32750 83 Zip Code 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 Signature, typed or profed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition THLE 1.1 TITLE BRADY, LONDA NAME 12 NAME **436 HOMER AVENUE** STREET ADDRESS 13 STREET ADDRESS LONGWOOD FL 32750 CHTY-S1-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE Change Addition TITLE NAME 22 NAME 10 23 STREET ADDRESS STREET ADDRESS C114-\$1-709 2.4 CITY-ST-ZIP DELETE ☐ Change 31 TITLE Addition THLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 4.1 TITLE Change Addition THLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP C#14 - \$1 - 7/9 DELETE 5.1 TITLE Change Addition 1010 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CCTY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE ☐ Change Addition THUE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP C#7Y - ST - 7IP 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 confortation 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 physioged, or on apartitachment with an address.

<del>RE</del> REQUIRED