Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400003240

Country

Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

**BRAD DOREN INCORPORATED** 

Principal Place of Business	Mailing Address					
100 87TH STREET EAST	5100 87TH STREET EAST					
BRADENTON FL 34202	Bradenton Fl 34202					

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

## FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90054 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

□ ,

3. Date incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

01/01/1994

65-0465587

<sup>ZIP</sup>	_	Country	<b>~</b> ''			Country			8. This corporation of		in year na		No.	
24	25		29		30				Personal Property				ZINO	
	9. Name an	d Address of Current	t Registered A	gent					10. Name and Addr	ess of New Re	gistered /	gent		
						81	Name							
DOREN, BRAD L						82	12 Street Address (P.O. Box Number is Not Acceptable)							
5100 87TH STREET EAST							Once ( National of 10. Box ( full lost is 110. 100. page 17)							
BRADENTON FL 34202														
						-					<del>*                                    </del>	85 Zip C	odo i	
						84	City				FL	105 : Zip C	Jule	
11 Dureuant	to the provision	s of Sections 607.0502	2 and 607 1508	Florida Statu	tes. t	he above	-named co	грога	ation submits this state	ement for the p	urpose of	hanging its	registered	
office or r	registered agent	or both, in the State o	of Florida. Sucl	n change was a	autho	rized by	the corpora	tion'	s board of directors. I	hereby accept	the appoin	tment as reg	jistered	
agent. I a	ım familiar with,	and accept the obligat	ions of Section	n 607.0505, FK	onda	Statutes	•							
SIGNATURE				(4)07	F. D		-t -i	almosed and	hen reinstating)		DATE			
40	Signature, typed or p	rinted name of registered agent			E: Regi	13.	it signature requ	JIFQG W	ADDITIONS/CHAP	IGES TO DEE		D DIRECTO	RS IN 12	
12.	DA								ADDITIONO/OTAL			Change	Addition	
TITLE	P/T	40.1				1.1 TITLE						_ ,		
NAME	DOREN, BR				- 1	1.2 NAME								
STREET ADDRESS	802 134TH				- 1		FADDRESS							
CITY-ST-ZIP	BRADENTO	N FL 34202		F3		1.4 CITY-S	T-ZIP			<b></b>		Change	☐ Addition	
TITLE	D DELETE 2.1 TI					2.1 TITLE						☐ Change	∐ Addibon	
NAME	DOREN, MA	ralee s				2.2 NAME								
STREET ADDRESS	802 134TH	ST EAST	_			2.3 STREET	TADDRESS				يم الوائد	. <u>.</u> .		
CITY-ST-ZIP	BRADENTON FL 34202 2.40					2. 4 CITY-5	T-ZIP		<u> </u>					
TITLE				☐ DELETE		3.1 TITLE						Change	☐ Addition	
NAME						3.2 NAME								
STREET ADDRESS						3.3 STREET	T ADDRESS							
CITY-ST-ZIP						3.4. ÇITY-S	ST-ZIP							
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NAME					1	4. 2 NAME								
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						4.4 CITY-S	- 1							
CITY-ST-ZIP	<del>                                     </del>			□ DELETÉ	1	5.1 TITLE	·					Change	☐ Addition	
	ļ					5.2 NAME								
NAME							TADDRESS							
STREET ADDRESS						5.4 CITY-S								
CITY-ST-ZIP	ļ			☐ DELETE		6.1 TITLE	· 1 · 소비					Change	Addition	
TITLE				□ DETE IE		6.2 NAME						c.togo		
NAME														
STREET ADDRESS	i	•					T ADDRESS							
CITY-ST-ZIP	1					6.4 CITY-S					£	15 - 41 - 4 1L 1		
14. I hereby	certify that the in	nformation supplied wit	th this filing do	es not qualify for	or the	exempt	ion stated i	n Sec	ction 119.07(3)(i), Flor	ida Statutes. I	turther cert	tiry that the ir	normation	

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 attacking ent with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99

941-136-000

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