

**CORPORATION
ANNUAL REPORT
1985**



Division of Corporations
Secretary of State

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000027735 (7)

1. Corporation Name
BRADSHAW INSURANCE SERVICES INC.

Principal Place of Business Mailing Address
**11900 BISCAYNE BLVD.
MIAMI FL 33181**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/12/1984	3a. Date of Last Report
4. FEI Number 65-0488168	Applied For Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**WEIGEL, KYLE LEWIS
175 N.W. FIRST AVE.
SUITE 1100
MIAMI FL 33128**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (P.O. Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS	
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	12. NAME
13. STREET ADDRESS	14. CITY - ST - ZIP
21. TITLE	22. NAME
23. STREET ADDRESS	24. CITY - ST - ZIP
31. TITLE	32. NAME
33. STREET ADDRESS	34. CITY - ST - ZIP
41. TITLE	42. NAME
43. STREET ADDRESS	44. CITY - ST - ZIP
51. TITLE	52. NAME
53. STREET ADDRESS	54. CITY - ST - ZIP
61. TITLE	62. NAME
63. STREET ADDRESS	64. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 checked, or on an attachment with an address.

SIGNATURE: _____ DATE: **2/16/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR