FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # P94000054656 (1)

1. Corporate Name
BRADBEER & ASSOCIATES, INC.

APPROVED

Principal Office Address
313 DIRKSEN DRIVE STE. D-1
DEBARY FL 32713

Mailing Address
313 DIRKSEN DRIVE STE. D-1
DEBARY FL 32713

3. Date Incorporated (or Qualified): 07/25/1994
3a. Date of Last Report:

2. Principal Office Address
21 1307 E. Normandy Blvd St 1
Suite Apt # etc.
22 Suite 1
City & State
23 Deltona, Florida
Zip 24 32725 Country 25 USA

2a. Mailing Address
26 1307 E. Normandy Blvd.St 1
Suite Apt # etc.
27 Suite 1
City & State
28 Deltona, Florida
Zip 29 32725 Country 30 USA

4. FEI Number: 59-3254493 — Applied For / 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 actually transacted business in Florida Statutes: ✓ Yes No

9. Name and Address of Current Registered Agent
BRADBEER, KAREN H
313 DIRKSEN DRIVE STE. D-1
DEBARY FL 32713

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
~~1307 E. Normandy Blvd., Suite 1~~
83
84 City: Deltona FL 85 Zip Code: 32725

11. Pursuant to the provisions of Section 607.0505, 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

12. OFFICERS AND DIRECTORS

TITLE: PRESIDENT/TREASURER
NAME: KAREN BRADBEER
STREET ADDRESS: 1307 E. NORMANDY BLVD. ST 1
CITY, ST, ZIP: DELTONA, FL 32725

TITLE: SECRETARY
NAME: SANDY KING
STREET ADDRESS: 1307 E. NORMANDY BLVD. ST-1
CITY, ST, ZIP: DELTONA, FL 32725

TITLE: V-PRESIDENT
NAME: HOWARD K. BRADBEER
STREET ADDRESS: 1307 E. NORMANDY BLVD. ST-1
CITY, ST, ZIP: DELTONA, FL 32725

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

14. I hereby certify that the information contained in this report is true and complete and that I am aware that false information submitted to a state agency or officer is punishable by a fine or imprisonment or both as provided in Section 817.155, Florida Statutes. I further certify that the corporation has complied with all requirements of Chapter 607, Florida Statutes, and that the corporation has paid all fees due to the Department of State for filing this report.

SIGNATURE: 4/25/95 407 5748488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D048011 CP