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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P9400054656 (1)

BRADBE		SSOCIATES,		J40J0	(1)						1 1 111 12 1 1
Principal Place of Business Mailing Address									### 		<i>i</i>
					NORMANDY BLVD ST 1						
STE 1 STE 1					STE 1						
DELTONA FL 32725				DELTONA FL 32725							
US .				US				3. Date Incorporated or Qualified 3a. Date of Last Report 07/25/1994 04/15/1996			
2. Principal Place of Business				2a. Mailing Address				07/25/1994 4. FEI Number	1 04/15/1		oplied For
21			-	26				59-3254493			ot Applicable
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				[rn \$8		Additional
22				27				5. Certificate of Status Desired			equired
City & State				City & State				6. Election Campaign Financing	\$	5.00	May Be
23				28				Trust Fund Contribution		Added 1	to Fees
Zip	<u> </u>			Zip		Country		8. This corporation has liability for			. 199.032,
24 25 9. Name and Address of Curren				29 30 Benistered Agent			· · · · · · · · · · · · · · · · · · ·	Florida Statutes 10. Name and Address of New I	Yes No		
NO.			7. 00110111111	giotoria rigoria		8	1 Name	10. Hame and Pauloss of How I	togratarou Agon	•	
Bradbeer, Karen H 1307 E. Normandy BLVD Ste 1											
DELTONA FL 32725			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				2 Street Ac	Idress (P.O. Box Number is Not Accept	able)		}
DELIGITATE OFFE							3				
							1 City		las	7-7:	
						84	1 7		FL 85	1	Code
11. Pursuant office or r agent. I a	to the provis registered ag im familiar w	sions of Sections gent, or both, in ith, and accept	607.0502 an the State of f the obligation	nd 607.1508, Flor lorida. Such cha ns of, Section 607	ida Statule inge was a 7.0505, Flo	es, the abor uthorized b rida Statute	ve-named co by the corpo es.	orporation submits this statement for the ration's board of directors. I hereby acc	purpose of char ept the appointm	nging it nent as	s registered registered
SIGNATURE	7/				THE STATE						
12,	Signature, typed	or printed name of re OFFIC	ERS AND DI		(NOIE	13.	geni signature re	quired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIR	ECTOR	S IN 12
TITUE	PT				ELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition
NAME	BRADBE	er, Karen				1.2 NAME					ľ
STREET ADDRESS 1307 E. NORMANDY BLVD ST			LVD ST 1	1.3 STREET ADORE		T ADORESS					
CITY-ST-ZIP	DELTON	A FL				1,4 CITY-	ST-7IP				
TITLE	D				ELETE	2.1 TITLE				Change	Addition
NAME	KING, SA					2.2 NAME					
STREET ADDRESS 1307 E. NORMANDY BLVD STE			LVD STE 1				T ADDRESS				}
CITY-\$1-ZIP	DELTON	A FL			SELETE	2.4 CITY	-S1 - ZIP			han	- Addition
TITLE	VP BDADDE	ED MUMMED	v	ا لیا ا	DELETE	3.1 TITLE				Change	Addition
NAME STREET ADDRESS		er, Howard Normandy B				3.2 NAME					ļ
STREET ADDRESS	DELTON		LYD DE I			1	ET ADDRESS				1
CITY-ST-ZIP TITLE	DLL1011	7.1 b		1	ELETE	3.4. CITY	- 5(-ZIP			Change	Addition
NAME				,		4.2 NAMI					
STREET ADDRESS							T ADDRESS				
CITY-ST-ZIP	:					4.4 CITY-					
TITLE					ELETE	5.1 111LE				Change	☐ Addition
NAME						5.2 NAME					
STREET ADDRESS						5.3 STREE	T ADDRESS				
CITY-ST-ZIP						5.4 CITY-	S1 - ZIP				
TITLE		_			ELETE	6.1 TITLE				Change	Addition
NAME						6.2 NAME	j				
STREET ADDRESS						6.3 STREE	1 ADDRESS				
CITY-ST-ZIP						6.4 CITY-	ST-ZIP				

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 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 changes, or en an attachment with an address.

CIONATURE.

SIGNIKLURE PREQUIRED

4-11.97

4/07 574-8482

FILED

Apr 21 1997 8:00am

Secretary of State