FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000064474 (7)**

1. Corporation Name
MAUREEN BRADLEY ENTERPRISES INC.

Principal Place of Business	Mailing Address
63 MYSTIC ROAD NORTH STONINGTON CT 06359	63 MYSTIC ROAD NORTH STONINGTON CT 06359

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/29/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	☒ Applied For ☐ Not Applicable
21 14961 FAVERSHAM CIR	26 14961 FAVERSHAM CIR		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State: Orlando FL	28 City & State: Orlando FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip: 32826 25 Country: Orange	29 Zip: 32826 30 Country: Orange	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOLFE, LARRY 200-A JOHN KNOX ROAD TALLAHASSEE FL 32303-6643	81 Name: Scott K Bradley 82 Street Address (P.O. Box Number is Not Acceptable): 14961 FAVERSHAM CIR 83 84 City: Orlando FL 85 Zip Code: 32826

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: S.K. Bradley 28 Apr 1995
Signature, typed or printed name of registered agent and the date adjacent (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	BRADLEY, MAUREEN	12 NAME	
STREET ADDRESS	63 MYSTIC ROAD	13 STREET ADDRESS	14961 FAVERSHAM CIR
CITY-ST-ZIP	NORTH STONINGTON CT 06359	14 CITY-ST-ZIP	ORLANDO FL 32826
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	BRADLEY, SCOTT K	22 NAME	
STREET ADDRESS	63 MYSTIC ROAD	23 STREET ADDRESS	14961 FAVERSHAM CIR
CITY-ST-ZIP	NORTH STONINGTON CT 06359	24 CITY-ST-ZIP	ORLANDO FL 32826
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: S.K. Bradley S.K. Bradley 28 Apr 95 407-281-1301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0449931 FN