

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000064474 (7)

1. Corporation Name

MAUREEN BRADLEY ENTERPRISES INC.

FILED

96 SEP 10 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FL

Please change  
to Not Applicable  
separately

Principal Place of Business

Mailing Address

14961 FAVERSHAM CIRCLE  
ORLANDO FL 32826  
US

14961 FAVERSHAM CIRCLE  
ORLANDO FL 32826  
US

3. Date Incorporated or Qualified  
08/29/1994

3a. Date of Last Report  
05/01/1995

4. FEI Number

APPLIED FOR

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 liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

21. 14961 Faversham Cir.

Suite, Apt. #, etc.

22. Orlando

City & State

23. FL

Zip

24. 32826

Country

25. USA

26. 14961 FAVERSHAM Cir.

Suite, Apt. #, etc.

27. Orlando FL

City & State

28. Orlando FL

Zip

29. 32826

Country

30. USA

9. Name and Address of Current Registered Agent

BRADLEY, SCOTT K.  
14961 FAVERSHAM CIRCLE  
ORLANDO FL 32826

10. Name and Address of New Registered Agent

81. Name

N/A

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D / President  
NAME BRADLEY, MAUREEN  
STREET ADDRESS 14961 FAVERSHAM CIR  
CITY-ST-ZIP ORLANDO FL

TITLE D  
NAME BRADLEY, SCOTT K  
STREET ADDRESS 14961 FAVERSHAM CIR  
CITY-ST-ZIP ORLANDO FL

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 D / P  
12 NAME Bradley, Maureen  
13 STREET ADDRESS 14961 FAVERSHAM CIR.  
14 CITY-ST-ZIP ORLANDO FL 32826-4110

21 TITLE D / V  
22 NAME Bradley, Scott K  
23 STREET ADDRESS 14961 FAVERSHAM CIR  
24 CITY-ST-ZIP Orlando, FL 32826-4110

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Scott K Bradley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Scott K Bradley

7/25/96

407-281-1301