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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000069720 (8)

1. Corporation Name

J. BRADLEY SIGNATURE CONFECTIONS, INC.

Principal Place of Business

Mailing Address

4420 N.E. 20TH AVE.
F
FT. LAUDERDALE FL 33308

4420 N.E. 20TH AVE.
F
FT. LAUDERDALE FL 33308-5112

3. Date Incorporated or Qualified
09/20/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 4756 NE 11th Ave.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

FT. LAUDERDALE, FL

28 City & State

28 City & State

24 Zip

33334

Country

25 BROWARD

29 Zip

29

Country

30

4. FEI Number

65-0522018

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

9. Name and Address of Current Registered Agent

GOLDSMITH, EARL
4420 N.E. 20TH AVE. #G
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name BRAD RAGAN

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

4756 NE 11th Ave

83

84 City FT. LAUDERDALE

FL

85 Zip Code 33334

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

BRAD RAGAN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-22-96

12. OFFICERS AND DIRECTORS

TITLE PS
NAME GOLDSMITH, EARL
STREET ADDRESS 4420 N.E. 20TH AVE. #G
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 4756 NE 11th Ave
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33334

2.1 TITLE V.P.
2.2 NAME BRAD RAGAN
2.3 STREET ADDRESS 4756 NE 11th Ave.
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33334

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BRAD RAGAN 1-22-96 (954) 938-7222

CR2E034 (9/96)