SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 21 PM 12:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000076162 (4)**

1. Corporation Name

RADICAL INCORPORATED

Principal Place of Business	Mailing Address
% LESLIE ALAN SCHERE, ESQ. 2300 MIAMI CENTER 201 SOUTH BISCAYNE BLVD. MIAMI FL 33131-4329	% LESLIE ALAN SCHERE, ESQ. 2300 MIAMI CENTER 201 SOUTH BISCAYNE BLVD. MIAMI FL 33131-4329

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1865 Brickell Ave	26 1865 Brickell Ave.
22 Suite, Apt. #, etc. # A-707	27 # A207
23 City & State Miami, Fla.	28 Miami, FLA.
24 Zip 33129 25 Country USA	29 Zip 33129 30 Country USA

4. FEI Number — X 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

7. 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
CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE FL 32301	81 Name 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 _____ DATE _____
(Signature, typed or printed name of registered agent and the date above) NOTE: Registered Agent signature required when applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, ETC.	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	ROSEN, BRADLEY	12 NAME	Rosen Bradley
STREET ADDRESS	2300 MIAMI CENTER 201 SOUTH BISCAYNE BLVD.	13 STREET ADDRESS	1865 Brickell Ave # A207
CITY ST ZIP	TALLAHASSEE FL 33131-4329	14 CITY ST ZIP	Miami, Fla. 33129
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	SCHERE, LESLIE A	22 NAME	1865 Brickell Ave # A207
STREET ADDRESS	2300 MIAMI CENTER 201 SOUTH BISCAYNE BLVD.	23 STREET ADDRESS	Miami, Fla. 33129
CITY ST ZIP	MIAMI FL 33131-4329	24 CITY ST ZIP	
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	

CR2E034 (3/95)

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)(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: _____ 6/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0142601 FP