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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000079388 (1)**

1. Corporation Name

BRADLEY K. HANAFOURDE, P.A.

Principal Place of Business	Mailing Address
9200 S. DADELAND BLVD. SUITE ~~500~~ MIAMI FL 33156	9200 S. DADELAND BLVD. SUITE ~~500~~ MIAMI FL 33156

3. Date Incorporated or Qualified: **10/16/1995** 3a. Date of Last Report:

4. FEI Number: 65-0617147 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 9200 S DADELAND BLVD.	26 9200 S. DADELAND BLVD
Suite, Apt. # etc. 22 308	Suite, Apt. # etc. 27 308
City & State 23 MIA. FL.	City & State 28 MIA. FL.
Zip / Country 24 33156 / 25 DADE	Zip / Country 29 33156 / 30 DADE

9. Name and Address of Current Registered Agent

HANAFOURDE, BRADLEY K
6971 HARDEE RD.
SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent

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 607.1905 and 617.1905, 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. The changes were 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

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	HANAFOURDE, BRADLEY K
STREET ADDRESS	9200 S. DADELAND BLVD., SUITE 500
CITY, ST, ZIP	MIAMI FL 33156

☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP

☐ Change ☐ Addition

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TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing complies with the requirements for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an asterisk.

SIGNATURE: BK HANAFOURDE 1/16/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)