## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 29 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000079388 (1)

BRADLEY K. HANAFOURDE, P.A.

appears in Block 12 or Block 13 if changed

Principal Place of Business Mailing Address  200 6 DADELAND BLVD 8200 S DADELAND 8LVD			<del>-</del>	E IRBUINDE ILG FATRÎ DIŞIL DOLLI BOLIL DOLK		
908 Miami Fl 331!	LA .	308 Miami Fl 33158-2711				
US US				3. Date Incorporated or Qualified	3a. Date of Last Fleport	
				10/16/1995	04/03/1996	
' ' ' '		2a. Mailing Address		4. FEI Number	Applied For	
21 Suite And Higher		26		65-0617147	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing		
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for in		
24	25	[29]	30		Yes No	
	9. Name and Address of Cui	rent Registered Agent	81 Name	10. Name and Address of New Reg	Istered Agent	
	NAFOURDE, BRADLEY K		81 Name			
6971 HARDEE RD.			82 Street Ad	dress (P.O. Box Number is Not Acceptable	0)	
800	UTH MIAMI FL 33143		83			
			84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508. Horida Statuto	es, the above-named co	rporation submits this statement for the puation's board of directors. Thereby accept		
office or i	registered agent, or both, in the St am familiar with, and accept the of	ate of Florida. Such change was a digations of, Section 607.0505, Flo	uthorized by the corpor rida Statutes.	ation's board of directors. Thereby accept	the appointment as registered	
SIGNATURE		•				
	Signature, typed or pointed name of requiters	** ***	: Fargistered Agent signature req		DATE	
12.	PSTD	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
NAME	HANAFOURDE, BRADLEY H	<del></del>	1 1 10 LF		Change Addition	
STREET ADDRESS	9200 S. DADELAND BLVD.,		12 NAME 13 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156	OONE OOD	1.4 CITY-ST-ZIP			
TITLE	My Will L CO TOO	☐ DELETE	211011		☐ Change ☐ Addition	
NAME			22 NAME		-	
STREET ADDRESS			23 STREET ADDRESS	•		
CITY-ST-ZIP			2 4 CHY+S1+7(P			
TITLE		☐ DELETE	311011	1	☐ Change ☐ Addition	
NAME			32 NAME			
STREET ADDRESS			33 STREET ADDRESS			
CITY-ST-ZIP TITLE		DETELE	3.4. DELY+ S1 - ZIP		Change Addition	
NAME		[] 1/4 tf tf	4.1 TITLE 4.2 NAME		Change Addition	
STREET ADDRESS			4.3 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-7/P			
TITLE		DELFTE	51 HILE	THE TOTAL COLUMN TO THE TO	Change Addition	
NAME			5.2 NAME		• —	
STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP	h.		5.4 CHY-ST-ZIP			
TITLE C	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DELETE	61 M(E		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
City, et. 3ib	1		E 5 4 6 331 67 700			

14. I do hereby certify that the information supplied with this filling 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 proof 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 empowed to execute this report as required by Chapter 607, Florida Statutes, and that my name