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**Mar 07 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 # P96000003420 (2)

1. Corporation Name
BRADFORD BEEPERS, INC.



Principal Place of Business: **9627 N.W. 48TH STREET SUNRISE FL 33351-4**
Mailing Address: **1418 SOUTH ANDREWS, SUITE B FT. LAUDERDALE FL 33316-1840**

3. Date Incorporated or Qualified: **01/10/1996**
3a. Date of Last Report: [Blank]
4. FEI Number: **650636722**
Applied For: [Blank] / 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: **1418 South Andrews Ave**
2b. Mailing Address: [Blank]
21. Suite Apt. # etc.: **Suite B**
26. Suite, Apt. #, etc.: [Blank]
22. City & State: **FT. LAUDERDALE FL**
27. City & State: [Blank]
23. Zip: **33316** Country: **USA**
28. Zip: [Blank] Country: [Blank]
24. Zip: **33316** 25. Country: **USA** 29. Zip: [Blank] 30. Country: [Blank]

9. Name and Address of Current Registered Agent
**PIZIO, TED A
9627 NW 48TH STREET
SUNRISE FL 33351**

10. Name and Address of New Registered Agent
81 Name: **PIZIO, TED A**
82 Street Address (P.O. Box Number is Not Acceptable): **10015 Venezia Place**
83 [Blank]
84 City: **Boca Raton** FL 85 Zip Code: **33428**

11. Pursuant to the provisions of Sections 607.002 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 understand the obligations of Section 607.0505, Florida Statutes.
SIGNATURE: **TED PIZIO** DATE: **2/5/97**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P TED PIZIO
1.3 STREET ADDRESS	10015 VENEZIA PLACE
1.4 CITY - ST - ZIP	BOCA RATON, FL 33428
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICHARD PIZIO
2.3 STREET ADDRESS	10140 REFLECTIONS BLVD
2.4 CITY - ST - ZIP	SUNRISE, FL 33351
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 a 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 the attachment with an address.

SIGNATURE: **TED PIZIO** DATE: **2/5/97** DAYTIME PHONE #: **9547689433**

CR2E034 (9/96)