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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000091793 (5)

BRUCE BRADLEY INCORPORATED

FILED Mar 27 1997 8:00am Secretary of State



Principal Place of Business Mailing Address		A INDIKABA KAR KOKIN DIKIK DARIK DOJIK NOKIK RRIKA KITIDI KANIK KANIK HANDA HILI INDI			
8541 CEDAR COVE DRIVE ORLANDO FL 32819	8541 CEDAR COVE DRIVE ORLANDO FL 32819-4111				
			3. Date incorporated or Qualified 11/06/1996	3a. Date of Last Report	
2. Principal Place of Business	2a. Mailing Address	0.0	4. FEI Number	✓ Applied For	
21 819 Glen arden Wa		ir Còve Dr.		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
cty & State 23 Oltom onte Sorce . A	28 0 lando, H.	32819	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Cluntry	Zip	Country USA	8. This corporation has liability for i	ntangible tax under s. 199.032,	
24 3270 25 ASA 9 Name and Address of	[29] 32 519 [3] Current Registered Agent	<u> </u>	10. Name and Address of New Re		
	~~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	81 Name			
MEYER & JOHNSON ACCOUNTING FIRM, INC.  8541 CEDAR COVE DRIVE  82 Street Act			ress (P.O. Box Number is Not Acceptab	le)	
ORLANDO FL 32819		62 Street Address (F.O. Box Number is Not Acceptable)			
VIII 1110 Y 11 VIII 11		63			
		84 City		85 Zip Code	
<ol> <li>Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent if am familiar with and account the</li> </ol>	07.0502 and 607.1508, Florida Statutes e State of Florida. Such change was aut	, the above-named corp thorized by the corpora	poration submits this statement for the p tion's board of directors. I heraby accep	ourpose of changing its registered of the appointment as registered	
agent Familian with and account the	e obligations of Section 607,0505/Florid	da Statuteis.		2/20/00	
SIGNATURE A NUCL KS10	tered age and sinc if applicable INOTE: F	Registered Agent signature requi	red when reinstating)	J/10/9'+	
L	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
		1.1 TITLE		Change Addition	
NAME P, YP, S, T NAME Bruce Bradley STREET ADDRESS 819 Alex Ardin		1.2 NAME			
STREET ADDRESS 819 slew and on	. Wrey.	1.3 STREET ADDRESS			
OIT-ST-ZIP altamonte Sprea	, PL 32701_	1.4 CITY - ST - ZIP			
THLE	☐ DELETE	2.1 TITLE		Change Addition	
NAME	•	2.2 NAME		- A	
STREET ADDRESS		2.3 STREET ADDRESS	g.:	; r ₅	
C(1Y+S1+ZIP	Dr. Fre	2. 4 CITY-ST-ZIP			
TITLE	DELETE	3.1 TITLE		Change Addition	
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
OITY - ST - ZEP TITLE	☐ DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition	
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
D/1Y-S1-7-P		4.4 CITY-ST-ZIP			
1-1LE	☐ DELETE	51 TITLE		Change Addition	
NAME		52 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CDY: St. Zil:		5.4 CITY-SY-ZIP			
HILE	☐ DELETE	61 TITLE		Change Addition	
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
City-St 2iP		6.4 CITY - ST - ZIP			
	.,,,,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,		1. 6 140 p=(p)(1) ftt 1.4 ft		

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 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