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PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000091793

BRUCE	BRADLEY INCORPORA	TED					1 14611661 118 18118 81111 83111 88	### ## ###############################		1 8188 1331 3 88 3
Principal Place	e of Business	Mailing	g Address						.2 2	
819 GLEN ARDEN WAY ALTAMONTE SPRINGS FL 32701 BS STANDO FL 32819 BS STANDO FL 32819 BS STANDO FL 32819							DO NOT WRI	TE IN THIS S	PACE	
US		US				3	Date Incorporated or Qualifed			
						- I	11/06/1996			\
2. Principal P	Place of Business	2a, Ma	ailing Address	1 4	ROEN	11 4.	FEI Number		Ap	plied For
21			19 GLEN	I A.	ROEN "	7	59-3278621		No	t Applicable
Suite, Apt.	#, etc.		ite, Apt. #, etc.			5.	Certifcate of Status Desired		\$8.75 A Fee Re	
City & Stat	te		ty & State LTA MONT	E 5	PRING	- 6. S ,	Election Campaign Financing Trust Fund Contribution		**5:00 Added t	•
Zip	Country	Zip)	Coun	try FL .	8.	This corporation owes the curr	ent year Intar	ngjible	
24	25	29 🚅	32701	30	EMONO		Personal Property Tax.		☑ Yes	□No
	9. Name and Address of	Current Registere	ed Agent			10.	Name and Address of New R	Registered A	gent	
				[Name β	RU	CE BRADLE	\sim		
00	Carree	と			B2 Street Add	ress (P.	9. Box Number is Not Accepta	able)		
Fu	are it			-	8/9	1 6	TLEN AKUEN	WHY		
spe	lling of Br	adley		L	84 City				85 Zio C	Code
, .	28 4 12	-			ALTA	mp	NTE SPRING	<u> </u>	32	101
	Block 10.		308, Florida Statute	es, the ab	ove-named corp	oration	submits this statement for the ard of directors. I hereby accept	purpose of cl	nanging its	registered
	_		tion 607.0505, Flor	ida Statut	es.	0113 00	and of directors. I, horoby dood,	/ . /		9.0.0.0
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CITY-ST-ZIP 14. I 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 director of the corporation or the receiver or trusfee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an apachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

OF SURNING OFFICER OR DIRECTOR