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

**PROFIT CORPORATION** ANNUAL REPORT 1998

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Zip

Suite, Apt. #, etc

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P97000071641 (9)

BRADFORD CONSULTING GROUP, INC.

Principal Place of Business 4901 S. UNIVERSITY DR., S1E, 219

Mailing Address

4801 S. UNIVERSITY DR., STE. 219 FT. LAUDERDALE FL 33328

## **FILED** May 20 1998 8:00am Secretary of State



FT. LAUDERDALE FL 33328 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/18/1997 Applied For 2. Principal Place of Business 2a. Mailing Address FEI Number Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country Zip Country This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BLIZZARD, BRADFORD K 10340 GUATEMALA ST. 82 **GOOPER CITY FL 33026** 83 

11. Pursuant to the provisions of Sections 607.0502 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of regulated agent and title if applicable (NOT) Registered Agont signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE BrAdford K Blizzand 1.2 NAME NAME 235 SW ILS WAY STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP Pembroke Pines CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-SI-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CtTY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAMÉ STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 suppliemental 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 if changed

SIGNATIIRE

Zip Code