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

NAME

STREET ADDRESS

SIGNATURE:

14. I hereby certify that the information indicated on this annual report or officer or director of the corporate Block 12 or Block 13 if changed

CITY - ST - ZIP

FILED Feb 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # P97000080810 (9) BRADLEY CENTER, INC. Mailing Address Principal Place of Business 943 CLINT MOORE ROAD 943 CLINT MOORE ROAD **BOCA RATON FL 33487 BOCA RATON FL 33487** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/17/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HEISE, MARTIN P 943 CLINT MOORE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33487** 83 84 City 85 Zip Code 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 (NOTE Bugistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TSD TITLE 1.1 TITLE HEISE, MARTIN P NAME 12 NAME 943 CUNT MOORE ROAD STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME BERSON, GERALD S 2.2 NAME STREET ADDRESS 943 CLINT MOORE ROAD 2.3 STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP 2. 4 CITY-ST-7IP DELETE Change Addition TOLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-7IP

applied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is monthly mental 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 the receiver or trustor tempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

CR2E034