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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000071771 1. Corporation Name

MICHAEL J. BRADY, INC.

Principal Place of Business

Mailing Address

May 03, 1999 8:00 am Secretary of State

05-03-1999 90069 018 ***150.00



4507 BUSTI DRIVE SARASOTA FL 34232		4507 BUSTI DRIVE SARASOTA FL 34232			. DO NOT WRITE IN THIS SPACE				
٠.						3. Date Incorporated or Qualifed 08/14/1998			
Principal Place of Business 2a. Mailing Address						4. FEI Number		Ar	pplied For
21 26			•			65-0861416		No.	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		•	Additional
27						G. Spilliotte of States Booker		Fee Ro	equired
City & State	9	City & State	City & State			6. Election Campaign Financing	I	*	May Be
23 28			<u> </u>			Trust Fund Contribution		Added	to Fees
Zip				Country		8. This corporation owes the current y	_		
24 25 29 30			30			Personal Property Tax.		_] Yes	<u> </u>
	9. Name and Address of Currer	nt Registered Agent	81			10. Name and Address of New Regis	tered Ag	gent	
PRADV MICHAEL I				' '	Vame				
BRADY, MICHAEL J			82	82 Street Address (P.O. Box Number is Not Accepta				-	
4507 BUSTI DRIVE									
SAH	ASOTA FL 34232		83	•		•			
			84	(City		FL	85 Zip	Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	uthorized by	/ the	amed corp corporation	poration submits this statement for the purp ion's board of directors. I hereby accept the	e appoint	ment as re	registered egistered
SIGNATORE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	Registered Age	nt siç	jnature require	ou miles remaining,	ATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	D	☐ DELETE	1.1 TITLE	1.1 TITLE			١	Change	☐ Addition
NAME	BRADY, MICHAEL J		1.2 NAME						
STREET ADDRESS	ss 4507 BUSTI DRIVE		1.3 STREE	1.3 STREET ADDRESS					Ì
CITY-ST-ZIP	SARASOTA FL 34232		1.4 CITY-ST-ZIP		P				
TITLE	VA .	☐ DELETE	2.1 TITLE				ŀ	Change	Addition
NAMÉ	říri :		2.2 NAME			-	-	. `	* 1
STREET ADDRESS			2.3 STREE	T AD	ORESS				ļ
CITY-ST-ZIP			2. 4 CITY-	ST-Z	IP .	<u> </u>			
TITLE	Vice PRESIDENT DELETE 3.1		3.1 TITLE	3.1 TITLE				Change	Addition
NAME	DISANI, MICHAEL		3.2 NAME						
STREET ADORESS	DISHICI MICHAEL	·	3.3 STREE	T AD	DRESS				
CITY-ST-ZIP	Sacration fil	34233	3.4. CITY-1	ST-Z	JP P				
TITLE	Wite Diverse	Vice Passing Delete 41		4.1 TITLE				Change	☐ Addition
NAME	FRANK UPIN OSTEMBLE 121		4. 2 NAME	:					
STREET ADDRESS			4.3 STREE	4.3 STREET ADDRESS		•			
CITY-ST-ZIP	1 "O			4.4 CITY-ST-ZIP					
TITLE			_	5.1 TITLE				Change	☐ Addition
NAME		-	5.2 NAME					,	
			5.3 STREE	TAD	ORESS				
STREET ADDRESS			5.4 CITY-S		- 1				
CITY-ST-ZIP		DELETE	6.1 TITLE	_				Change	Addition
		C occete	6.2 NAME						_
NAME			6.3 STREE		ADRESS				
STREET ADDRESS			6.4 CITY- S						
CITY-ST-ZIP			0.4 CH11-3	31°41	r				

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 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 an attachment with an address, with all other like empowered.

SIGNATURE

CR2E034 (11/98)