

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

FILED
May 17, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000085619 ✓
1. Corporation Name
Joseph Bradley Investments Inc.

Principal Place of Business Mailing Address
721 North Lincoln Lane 2301 Collins Avenue, Apt. A1406
Miami Beach, FL 33139 Miami Beach, FL 33139

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/6/98	N/A
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		65-0867253	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input checked="" type="checkbox"/>	
Zip		Zip		6. Election Campaign Financing	\$5.00 May Be Added to Fees
24		29		Trust Fund Contribution	<input type="checkbox"/>
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25		30			

9. Name and Address of Current Registered Agent

Keith Olin, Esq.
c/o Morgan, Lewis & Bockius LLP
5300 First Union Financial Center
200 S. Biscayne Boulevard
Miami, Florida 33131-2339

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Karen Lisa Olin	
STREET ADDRESS	2301 Collins Avenue, Apt. A1406	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Gerald Olin	
STREET ADDRESS	9999 Collins Avenue	
CITY-ST-ZIP	Bal Harbour, FL 33154	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Marsha Olin	
STREET ADDRESS	9999 Collins Avenue	
CITY-ST-ZIP	Bal Harbour, FL 33154	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Keith Olin	
STREET ADDRESS	1901 Brickell Avenue, Apt. 2314	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

Date

305 531-7700

1211 Line Phone #

CR2E034 (9/96)