

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 PM 1:03

DOCUMENT # **V09467** (4)

1. Corporation Name
THE TEMMEL-BRADFORD GROUP, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
100 E. SYBELIA SUITE 165 MAITLAND FL 32751 US		100 E. SYBELIA SUITE 165 MAITLAND FL 32751 US		01/24/1992	02/25/1994
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	59-3104655	Not Applicable		
Suite, Apt. #, etc.		5. Certificate of Status Desired		\$9.75 Additional Fee Required	
22		X			
City & State		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
23		Trust Fund Contribution		<input type="checkbox"/>	
Zip		29		30	
24		25		29	
Country		29		30	
24		25		29	
Country		29		30	
24		25		29	
Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ANDREW L. TEMMEL 100 E. SYBELIA SUITE 165 MAITLAND FL 32751				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 _____ DATE _____
Signature, typed or printed name of registered agent and (if applicable) NOTE: Registered Agent signature required when consulting

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADFORD, ARTHUR E.	1.2 NAME	
STREET ADDRESS	1709 LAKE FRANCIS DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	APOPKA FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEMME, ANDREW L.	2.2 NAME	
STREET ADDRESS	232 ANTLER CT	2.3 STREET ADDRESS	
CITY - ST - ZIP	CASSELBERRY FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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: *Andrew L. Temmel* Pres *Andrew L. Temmel* 1-12-95 407-629-2710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date