

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 19 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V11585 (9)**

1. Corporation Name  
**BRADLEY HOUSE, INC.**

Principal Place of Business <b>330 CLEMATIS STREET 206 WEST PALM BEACH FL 33401 US</b>	Mailing Address <b>PO BOX 983 8TH FLOOR PALM BEACH FL 33480 US</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>02/05/1992</b>	3a. Date of Last Report <b>03/31/1994</b>
4. FEI Number <b>65-0404020</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 P.O. Box 983</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27 46 George Faigen</b>
City & State <b>23</b>	City & State <b>28 Palm Beach, FL</b>
Zip <b>24</b>	Country <b>29 33480 30 USA</b>

9. Name and Address of Current Registered Agent

**ROSE, BRENDA  
330 CLEMATIS STREET, SUITE 206  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSE, BRENDA</b>	1.2 NAME	
STREET ADDRESS	<b>2490 LENA LANE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NORTH PALM BEACH FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VS</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMANON, PAUL</b>	2.2 NAME	
STREET ADDRESS	<b>2215 CYPRESS ISLAND DR #503</b>	2.3 STREET ADDRESS	<b>Gayla Sue Levin</b>
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>	2.4 CITY - ST - ZIP	<b>100 Bay Colony Lane Ft Lauderdale, FL 33308</b>
TITLE	<b>CD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVIN, GEORGE</b>	3.2 NAME	
STREET ADDRESS	<b>100 BAY COLONY LANE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FAIGEN, GRETA</b>	4.2 NAME	
STREET ADDRESS	<b>525 SOUTH FLAGLER DR #GPH1</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>	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 110.07(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; 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 in an appointment with an address.

SIGNATURE: *Brenda Rose* President **Brenda J. Rose** 4/13/95 407-833-0377  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR