

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V11585** (9)

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



Principal Place of Business

330 CLEMATIS STREET  
206  
WEST PALM BEACH FL 33401  
US

Mailing Address

PO BOX 983  
C/O GEORGE FAIGEN  
PALM BEACH FL 33480  
US

2. Principal Place of Business

21 State, Apt. #, etc.

22 City, & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City, & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified <b>02/05/1992</b>	3a. Date of Last Report <b>04/19/1995</b>
4. FEIN Number <b>65-0404020</b>	Applied For Not Applicable
5. Creation of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number, Not Applicable)	
83	
84 City	85 Zip Code
	<b>FL</b>

11. Pursuant to the provisions of Sections 609.01 and 609.02, 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 will be deemed by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 609.01, Florida Statutes.

SIGNATURE

Signature of current registered agent

Signature of new registered agent

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DE. FILE
NAME	ROSE, BRENDA	
STREET ADDRESS	2480 LENA LANE	
CITY, ST, ZIP	NORTH PALM BEACH FL	
TITLE	VS	<input type="checkbox"/> DE. FILE
NAME	LEVIN, GAYLA S	
STREET ADDRESS	100 BAY COLONY LANE	
CITY, ST, ZIP	FT LAUDERDALE FL	
TITLE	CD	<input type="checkbox"/> DE. FILE
NAME	LEVIN, GEORGE	
STREET ADDRESS	100 BAY COLONY LANE	
CITY, ST, ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DE. FILE
NAME	FAIGEN, GRETA	
STREET ADDRESS	525 SOUTH FLAGLER DR #GPH1	
CITY, ST, ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DE. FILE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DE. FILE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	1633 Woodbridge Lakes Circle
14 CITY, ST, ZIP	West Palm Beach, FL
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is valid and correct and does not qualify for the exemption provided in Section 119.07(3)(c), Florida Statutes. I further certify that the information included on this annual report is supplemental and does not qualify for the exemption provided in Section 119.07(3)(c), Florida Statutes. I further certify that I am an officer or director of the corporation and the name of the trustee responsible for the filing of this report is as it made under the provisions of Chapter 612, Florida Statutes, and that my name appears in Book 12 or Book 13 in change of or on an appointment with an officer.

SIGNATURE: *Brenda Rose, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Brenda J. Rose, President**

4/5/96 4078330377

CR2E034 (12/95)