

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

**FILED**  
**Apr 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 C/O GEORGE FAIGEN PALM BEACH FL 33480 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 222 Lakeview Ave Suite, Apt. #, etc. 22 Suite 200 City &amp; State 23 West Palm Beach, FL Zip 24 33401</b>	2a. Mailing Address <b>26 Suite, Apt. #, etc. 27 City &amp; State 28 Zip 29 Country 30</b>
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3. Date Incorporated or Qualified <b>02/05/1992</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</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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MCGOWAN, BRENDA  
 330 CLEMATIS STREET, SUITE 208  
 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)	<b>222 Lakeview Avenue</b>
83	<b>Suite 200</b>
84 City	<b>West Palm Beach FL</b>
85 Zip Code	<b>33401</b>

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 *Brenda McGowan* **Brenda McGowan** **4/1/98**  
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	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MCGOWAN, BRENDA</b>	
STREET ADDRESS	<b>330 CLEMATIS ST. #206</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVIN, GAYLA S</b>	
STREET ADDRESS	<b>100 BAY COLONY LANE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVIN, GEORGE</b>	
STREET ADDRESS	<b>100 BAY COLONY LANE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FAIGEN, GRETA</b>	
STREET ADDRESS	<b>525 SOUTH FLAGLER DR #GPH1</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MONCHICK, MICHAEL</b>	
STREET ADDRESS	<b>1803 AUSTRALIAN AVE, S. D</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>222 Lakeview Ave #200</b>
1.4 CITY-ST-ZIP	<b>West Palm Beach, FL</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>P/C/D</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>V/D</b>
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 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 *Brenda McGowan* **Brenda McGowan** **4/1/98** **65-0404020**

CR2E034 (10/97)