

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90021 028 ***150.00

CR2E034 (11/98)

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V11585

1. Corporation Name
BRADLEY HOUSE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 222 LAKEVIEW AVE STE 200 WEST PALM BEACH FL 33401 US	Mailing Address PO BOX 983 C/O GEORGE FAIGEN PALM BEACH FL 33480 US
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3. Date Incorporated or Qualified 02/05/1992	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0404020	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 100 BAY COLONY LANE	2a. Mailing Address 26 100 BAY COLONY LANE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FORT LAUDERDALE, FL	City & State 28 FORT LAUDERDALE, FL
Zip 24 33308-2004	Country 25 BROWARD
Zip 29 33308-2004	Country 30 BROWARD

9. Name and Address of Current Registered Agent

MCGOWAN, BRENDA
222 LAKEVIEW AVE
STE 200
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name **GAYLA SUE LEVIN**

82 Street Address (P.O. Box Number is Not Acceptable)
100 BAY COLONY LANE

83

84 City **Fort Lauderdale** FL 85 Zip Code **33308**

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 *Gayla Sue Levin* DATE 1.26.99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	MCGOWAN, BRENDA
STREET ADDRESS	222 LAKEVIEW AVE, #200
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	S <input type="checkbox"/> DELETE
NAME	LEVIN, GAYLA S
STREET ADDRESS	100 BAY COLONY LANE
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	PCD <input type="checkbox"/> DELETE
NAME	LEVIN, GEORGE
STREET ADDRESS	100 BAY COLONY LANE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	FAIGEN, GRETA
STREET ADDRESS	525 SOUTH FLAGLER DR #GPH1
CITY-ST-ZIP	WEST PALM BEACH FL
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	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	P <input checked="" 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 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, with all other like empowered.

SIGNATURE: *Gayla Sue Levin* DATE 1.26.99 (954) 491-6150
Signature and typed or printed name of signing officer or director Date Daytime Phone #