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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V47823

(2)

FILED
Apr 22 1997 8:00am
Secretary of State

| SHEILA BRODRICK BAIL BONDS, INC. Principal Place of Business 328 BANYON BOULEVARD SUITE H WEST PALM BEACH FL 33401 Mailing Address 328 BANYON BOULEVARD SUITE H WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 | | | | | | |
|--|--|---|---|---|--------------------------------------|---|
| | | • | | Date Incorporated or Qualified 07/02/1992 | 3a. Date of La 05/01/199 | |
| 2. Principal | Place of Business | 2a. Mailing Address | | 4. FEI Number 65-0341835 | | Applied For Not Applicable |
| Suite, Apr | t ₩, etc. | 26 Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | 5 Additional Required |
| City & Sta | ate | City & State | 11 ₉₉ - , | 6. Election Campaign Financing | | 00 May Be |
| Zip | Country | Zip | Country | Trust Fund Contribution 8. This corporation has liability for | | ed to Fees |
| 4 | 25 9. Name and Address of Curr | 29 | 30 | Florida Statutes 10. Name and Address of New Re | Yes 🗌 No | er 8. 199.032, |
| BR | RODRICK, SHEILA | on risgistored Agont | 81 Name | IV. Hame allo Audibas of How-re | Shifteren where | |
| 328 BANYON BOULEVARD SUITE H WEST PALM BEACH FL 33401 | | | 82. Street Ad- | fress (P.O. Box Number is Not Acceptable) | | |
| ~~ | | | 84 City | | 5 85 | Zip Code |
| 11 Durcuso | It to the provisions of Sections 607.0 | 502 and 607 1508. Florida Stat | the above mand as | | • L. | |
| II, FUISUAT | | | intes, trie above-named co | proporation submits this statement for the p | purpose of changli | ng its registered |
| | | ate of Florida. Such change wat ligations of, Section 607.0505, | s authorized by the corpor Florida Statutes. | orporation submits this statement for the pration's board of directors. I hereby acce | purpose of changilipt the appointmen | ng its registered t as registered |
| SIGNATURE | Signalize: type dice printed name of registered | agent and title if applicable. (N | OTE Registered Agent signature req | guired when reinstating) | DATE | |
| | Signalize: type dice printed name of registered | | | | DATE | FORS IN 12 |
| SIGNATURE | Signal ze 141- d or preliid name of registered OFFICERS A D BRODRICK, SHEILA | agent and bile if applicable. (N AND DIRECTORS | OTE Registered Agent signature req | guired when reinstating) | DATE CERS AND DIREC | FORS IN 12 |
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. I do 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 agonal 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 type 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 attack ment with an address.

SIGNATURE

YPED OR PRINTED NAME OF SIGNING OFFICER OR BIRECTOR

-97 833-8811 te Daytime Phone