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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1998 8:00am

Secretary of State

Sandra Ø. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000094562 (2)

BRADLEY'S EXOTIC BIRDS, INC.

Principal Place of Business Mailing Address 5600 W CR232 5600 W CR232 **BELL FL 32619 BELL FL 32619** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/11/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3362606 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BURT, THEODORE M 114 NE FIRST ST 82 Street Address (P.O. Box Number is Not Acceptable) TRENTON FL 32693 63 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE TITLE Change Addition BRADLEY, LAVERN L NAME 1.2 NAME 5600 W/ CR 232 STREET ADDRESS 1.3 STREET ADDRESS BELL FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE BRADLEY, CAROL A NAME 22 NAME 5600 W CR 232 STREET ADDRESS 2.3 STREET ADDRESS BELL FL CITY-ST-ZIP 2.4 CHY-ST-ZIP DELETE Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADORESS CITY - ST - ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DFLFTE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-S1-7IP DELETE 6.1 TITLE Addition TITE F NAME 6.2 NAME

14. Thereby certify that the information supplied with this filling 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:

SIGNATUR

6.3 STREET ADDRESS 6.4 City-St-Zip