Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90153 042 \*\*\*150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 835070

THE BRO	OADSTONE GROUP, INC.							
Principal Place	e of Business	Mailing /	Address			I IRBITAL INCONSTRUCTION DATES CARES AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT ASSESS	/# BIBII WIBII BIBII WI	411 UPEN 1091
888 SEVENTH AVE., SUITE 3400  NEW YORK NY 10106  888 SEVENTH AVE., SUITE 3400  NEW YORK NY 10106-0199  US				3400		DO NOT WRITE IN TH	IIS SPACE	
						3. Date Incorporated or Qualifed 09/24/1975		
2. Principal Place of Business 2a. Mailing Address				,		4. FEI Number	Apr	plied For
21		26				13-28 <u>13222</u>		t Applicable
Suite, Apt.	#, etc.	<b>├</b> ─¬	e, Apt. #, etc.			5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Red	
City & Stat		27 City	& State			6. Election Campaign Financing	\$5.00	<u> </u>
23		28				Trust Fund Contribution	Added to	
Zip	Country 25	Zip		Country 30		This corporation owes the current year     Personal Property Tax.		<b>X</b> No
24	9. Name and Address of Curre	— الشنسا —			•	10. Name and Address of New Registere	d Agent	
				81	Name			
BERGER & SHAPIRO 100 N.E. 3RD AVE., SUITE #400				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	<del></del>	
FT. LAUDERDALE FL 33301			83					
				84	City		. 85 Zip C	ode
				ئـــــــــــــــــــــــــــــــــــــ		F		registered
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State or familiar with, and accept the obligation.	of Florida, Sili	on change was au	tnonzea ov	ine comoralio	oration submits this statement for the purpose in's board of directors. I hereby accept the ap-	pointment as reg	jistered
SIGNATURE						when reinstating) DATE		<del></del>
40	Signature, typed or printed name of registered age	ent and title if applice ND DIRECTOF		13.	t signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	DP OFFICERS A	NO DIRECTO	DELETE	1.1 TITLE		/ Darriono, over de la company	★ Change	☐ Addition
NAME	WALLACE BALLE OK		<del>-</del> ·	1.2 NAME				
STREET ADDRESS	**************************************	p or		1.3 STREET	ADDRESS			
	NEW YORK, NY 0	,		1.4 CITY-ST	1	10106-0	199	:
CITY-ST-ZIP	S		☐ DELETE	2.1 TITLE	:- <del>7</del> :		<b>i</b> Change	☐ Addition
NAME	SPOTO, ANTONINA L			2.2 NAME				
STREET ADDRESS				2.3 STREET	ADDRESS	Suite 3400	)	1
CITY-ST-ZIP	NEW YORK, N. Y.			2. 4 CITY-S	T-ZIP	10106-0	0199	
TITLE	TAS		☐ DELETE	3.1 TITLE			▼ Change	☐ Addition
NAME	COLLINS, KEVIN			3.2 NAME				
STREET ADDRESS	888 SEVENTH AVENUE SUITE	3400		3.3 STREET	ADDRESS			
CITY-ST-ZIP	NEW YORK, N. Y.			3.4. CITY-S	T-ZIP	10106-	0199	
TITLE	V	.,,,,,,	☐ DELETE	4.1 TITLE			★ Change	☐ Addition
NAME	LOPATER, LAWRENCE			4. 2 NAME				
STREET ADDRESS	OF (F) TIL AVE OFF 0400	}		4.3 STREET	ADDRESS			
CITY-ST-ZIP	NEW YORK, N. Y. 10106			4.4 CITY-S	T-ZIP	10106-		
TITLE	V		☐ DELETE	5,1 TITLE			K Change	☐ Addition
NAME	BORY, JUDITH			5.2 NAME				
STREET ADDRESS	888 SEVENTH AVE., SUITE 34	100		5.3 STREET	TADDRESS			
CITY-ST-ZIP	NEW YORK NY			5.4 CITY-S	T-ZIP	10106-		
TITLE			☐ DELETE	6.1 TITLE			Change	☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

BURE REGILEPED

1/12/99

212-333-2100

Daytime Phone #