

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

55 MAY -1 AM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J81977** (7)
1. Corporation Name
BROONCO, INC.

Principal Place of Business: **% RICHARD A. LEIGH
2417 WHISPERING MAPLE DR
ORLANDO FL 32837-6712**
Mailing Address: **% RICHARD A. LEIGH
2417 WHISPERING MAPLE DR
ORLANDO FL 32837-6712**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or established: **07/03/1987**
3a. Date of last Report: **02/21/1994**
4. FIC Number: **59-2822617**
Applied For: Not Applicable
5. Certificate of State Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Does corporation's jurisdiction of incorporation extend to Florida? No Yes

2. Principal Name of Business: **21** State: **Ap** # of: **22** City & State: **23**
26. Mailing Address: **26** State: **Ap** # of: **27** City & State: **28**
24. **25** **29** **30**

9. Name and Address of Current Registered Agent
**LEIGH, RICHARD A.
39 WEST PINE
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Applicable):
83.
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0115 and 607.1408, Florida Statutes, the above named corporation submits this statement for the purpose of appointing its registered officer 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 filing forms of the Secretary of State, Florida Statutes.

SIGNATURE: _____
I, the undersigned, represent the corporation and I am the registered agent of the corporation.

12. OFFICERS AND DIRECTORS:

12.1	NAME: D IADEVAIO, DEAN A.	12.2	STREET ADDRESS: 2417 WHISPERING MAPLE DR	12.3	CITY, STATE, ZIP: ORLANDO FL	12.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5	NAME: D IADEVAIO, ANN	12.6	STREET ADDRESS: 2417 WHISPERING MAPLE DR	12.7	CITY, STATE, ZIP: ORLANDO FL	12.8	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9	NAME:	12.10	STREET ADDRESS:	12.11	CITY, STATE, ZIP:	12.12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13	NAME:	12.14	STREET ADDRESS:	12.15	CITY, STATE, ZIP:	12.16	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17	NAME:	12.18	STREET ADDRESS:	12.19	CITY, STATE, ZIP:	12.20	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.21	NAME:	12.22	STREET ADDRESS:	12.23	CITY, STATE, ZIP:	12.24	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.25	NAME:	12.26	STREET ADDRESS:	12.27	CITY, STATE, ZIP:	12.28	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12:

13.1	NAME:	13.2	STREET ADDRESS:	13.3	CITY, STATE, ZIP:	13.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	NAME:	13.6	STREET ADDRESS:	13.7	CITY, STATE, ZIP:	13.8	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9	NAME:	13.10	STREET ADDRESS:	13.11	CITY, STATE, ZIP:	13.12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13	NAME:	13.14	STREET ADDRESS:	13.15	CITY, STATE, ZIP:	13.16	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17	NAME:	13.18	STREET ADDRESS:	13.19	CITY, STATE, ZIP:	13.20	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished, is true and correct, and that the information is not false or misleading in any material respect. I understand that any false or misleading information furnished in this filing may result in the corporation being subject to civil or criminal penalties. I understand that any false or misleading information furnished in this filing may result in the corporation being subject to civil or criminal penalties. I understand that any false or misleading information furnished in this filing may result in the corporation being subject to civil or criminal penalties.

SIGNATURE: *Dean A. Iadevai*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

4-29-95 4072401150