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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L83681

1. Corporation Name

BROMITRON CORPORATION

Principal Place of Business 788 (RAND NATIONAL DRIVE STE 112 ORLANDO FL 32819 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. December 2. Suite, Apt. #, etc. 3. Suite									
Tell (200 ANN INTIONAL DRIVE STEEL 12) ORLANDO FL 32819 2. Principal Piace of Business 2. 2. Mailing Address 2. Principal Piace of Business 3. Date incorporated or Qualified 09/26/1990 3. Date incorporated or Qualified 09/26/1990 4. FER lumber 59-3015764 5. Certificate of Status Defined St.75 Additional For Required City & State 2. Country 2. Do Country 3. Name and Address of Current Registered Agent 4. This corporation owes the current year Interglable 3. Street Address of Now Megistered Agent 4. This corporation owes the current year Interglable 3. Street Address of Now Megistered Agent 4. This corporation owes the Current Registered 4. Street Address of Now Megistered Agent 4. This corporation owes the current year Interglable 4. City years 4. C	Principal Place of Rusiness Mailing Address				-11		II ISOL OGALI BIOLLI	JOHUS BIBLI U	iair bien ieni
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Substitute									
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Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & State City & City	2. Principal Pl	ace of Business	2a. Mailing Address						
22 City & State C						59-3015704			
City & State 23			<u> </u>			5. Certifcate of Status Desired			I .
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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 likely empowered.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP