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

CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

3931

E DERIKARI KU ABURU MILIK BERK ARNI ARNI ARNI AKTIL AKTIK BIBU ALBU ALTIK BIBU

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P08800

(5)

THE BROKEN NIBLICK, INC.

					<u> </u>	
Principal Place of Business Mailing Address				i shiinddi ak dalan ibidt sakin daish man didit bilan didit didit dadit etdit etdit shii		
1850 BOY SCOUT DRIVE. SUITE 104 1850 BOY SCOUT DRI FT MYERS FL 33907 FT MYERS FL 33907-2						
		٠		3. Date Incorporated or Qualifier 01/23/1986	d 3a. Date of Last Report 05/01/1996	
2. Principal Pl	ace of Business	26. Mailing Address		4. FEI Number 59-2185699	Applied For Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc),	Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability f	or iptangible tax under s. 199.032,	
24	25	29	30	Florida Statutes	Yes No	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New	Registered Agent	
1850 Suit For	SONETT, HAP BOY SCOUT DRIVE E 104 T MYERS FL 33907		84 Env	Address (P.O. Box Number is Not Accept O Boy Xout D Suite 104 E Mycs	FL 85 Zip Code 33907	
11. Pursuant i office or re agent. Fai	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	502 and 607,1508, Florida ate of Florida, Such change ligations of, Section 607,050	Statutes, the above-named was authorized by the corp. 5, Florida Statutes.	corporation submits this statement for the poration's board of directors. I hereby ac	e purpose of changing its registered cept the appointment as registered	
SIGNATURE	H	and and till, if and oakly	[NOTE: Registered Agent signature	annihad when rejecteding)	9-29-91 DATE	
12.	Signst are young or printed name of registered OFFICERS A	AND DIRECTORS /	13.		FICERS AND DIRECTORS IN 12	
TILE	PDD	DELET	E 1.1 TITLE	4	Change Addition	
NAME	PERSONETT, HAP	1 -	1.2 NAME	Dunn, Ken	,	
STREET ADDRESS	1850 BOY SCOUT DRIVE 10	4	1.3 STREET ADDRESS	1850 Boy 360ut Dr. 5	wite VOY	
CITY-ST-78	FT. MYERS FL	,	1.4 CITY-ST-ZIP	A. Muers. fl 33	7 07	
TITLE	VD	DELET	É 2.1 TITLE		Change Addition C	
NAME	DUNN, KEN	•	2.2 NAME			
STREET ADDRESS	1850 BOY SCOUT DRIVE 10	4	2.3 STREET ADORESS			
City-\$t-ZP	FT. MYERS FL		2. 4 CITY - ST - ZIP			
TITLE		DELET	E 3.1 TITLE		Change Addition	
NAMÉ			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	u.		
C(1Y+ST+ZIP			3.4. CITY-ST-ZIP			
TITLE		DELET	É 4.1 TITLE		Change	
NAME			4.2 NAME		1	
STEEL LADORESS			4.3 STREET ADDRESS			
City-St-ZiP			4.4 CITY-\$1-ZIP			
Trite		DELET	E 5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		İ	
Dity St-ZiP			5.4 CITY-ST-ZIP			
16111		☐ DELE			Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
	1			Ì		

14. 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 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 charged, or on an attachment with an address.

REQUIRED