

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

FILED

**Apr 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000008826 (6)
 1. Corporation Name
BROUGHTON, INC.



Principal Place of Business 100 SECOND STREET N ST. PETERSBURG FL 33701 US	Mailing Address POB 3343 100 SECOND STREET N. 33731 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3900 9TH STREET NORTH		2a. Mailing Address 26 PO BOX 3342		3. Date Incorporated or Qualified 02/02/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0553751	
City & State 23 ST PETERSBURG FL		City & State 28 ST PETERSBURG FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33703	Country 25 USA	Zip 29 33731-3342	Country 30 PINELLAS	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent MOULDS, GAIL F % HARRIS BARRETT MANN & DEW SUITE 1500, 150 SECOND AVENUE NORTH ST. PETERSBURG FL 33701				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent MOULDS, GAIL F % HARRIS BARRETT MANN & DEW SUITE 1500, 150 SECOND AVENUE NORTH ST. PETERSBURG FL 33701				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL
				85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD BROUGHTON, JAMES E	1.2 NAME	
STREET ADDRESS	3900 9TH ST N	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STD BROUGHTON, KAY T	2.2 NAME	
STREET ADDRESS	3900 9TH ST N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V BROUGHTON, MARK D	3.2 NAME	
STREET ADDRESS	3900 9TH ST N	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V BROUGHTON, JAMES E JR	4.2 NAME	
STREET ADDRESS	3900 9TH ST N	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V DELUCIA, BROOKE A	5.2 NAME	DELUCIA, BROOKE B.
STREET ADDRESS	3900 9TH ST N	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V BROUGHTON, MATTHEW S	6.2 NAME	
STREET ADDRESS	3900 9TH ST N	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE _____ DATE _____

CR2E034 (10/97)