

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90001 004 ***150.00

0112009

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000051558

1. Corporation Name
BROUGHTON MANAGEMENT, INC.

Principal Place of Business
 1516 EAST HILLCREST STREET #210
 ORLANDO FL 32803

Mailing Address
 POST OFFICE BOX 907
 WINDERMERE FL 34786



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/14/1996

4. FEI Number
59-3407596 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business

21. 22. Suite, Apt. #, etc. 23. City & State 24. Zip 25. Country

2a. Mailing Address
 26. **912 Bay Grove Rd.**
 27. **Freeport, FL**
 28. City & State

29. **32439** 30. **USA**

9. Name and Address of Current Registered Agent

KERNEY, THOMAS F
 1516 EAST HILLCREST STREET #210
 ORLANDO FL 32803

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROUGHTON, DAN H	1.2 NAME	
STREET ADDRESS	618 BUTLER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL 34786	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROUGHTON, SHEILA A	2.2 NAME	
STREET ADDRESS	618 BUTLER STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL 34786	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: Dan H. Broughton Date: 9/15/99 Daytime Phone #: (850) 835-0466

CR2E034 (5/99)

P96000051558

618910-90001-4

**Broughton Management, Inc.
912 Bay Grove Road
Freeport, Florida 32439
(850) 835-0466**

September 15, 1999

**Florida Department of State
Division of Corporations
Annual Reports Filings
P.O. Box 6327
Tallahassee, FL 32314**

Attn: Sean Toner

Dear Department of State:

My wife, Sheila, and I are directors of this company. In early 1999, we sold our home in Windermere, FL and relocated our residence to Freeport, FL. Much of our mail has not reached us timely, and some items have never been received.

We have just received the second notice for the Annual Report. I called immediately and talked with your office. I was advised to write this letter explaining our address change and to forward the completed document to you. I have enclosed our check for \$150.

I have other business entities in Florida and am diligent about timely filings. I respectfully request that you accept this filing without the penalty. If we have any future moves, I will endeavor to advise your office of the address change.

Thank you for your consideration.



Dan H. Broughton

Florida Department of State
Division of Corporations
Annual Reports Filings
P.O. Box 6327
Tallahassee, FL 32314
(850) 487-1300

© 1999 Florida Department of State