

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S54160 (4)
1. Corporation Name

JAMES BRODERICK CONTRACTING, INC.



Principal Place of Business: 22222 430 ALBANY AVENUE PORT CHARLOTTE FL 33952
Mailing Address: 22222 430 ALBANY AVENUE PORT CHARLOTTE FL 33952

3. Date Incorporated or Qualified: 05/20/1991
3a. Date of Last Report: 04/11/1995
4. FEI Number: 65-0264379
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 has liability for intangible tax under s. 190.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt #, etc: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
BRODERICK, JAMES
430 ALBANY AVENUE
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS
 1. TITLE: DELETE
 NAME: D BRODERICK, JAMES
 STREET ADDRESS: 430 ALBANY AVENUE
 CITY-ST-ZIP: PORT CHARLOTTE FL
 2. TITLE: DELETE
 NAME: ~~BRODERICK, CAROL MARIE~~
 STREET ADDRESS: ~~430 ALBANY AVENUE~~
 CITY-ST-ZIP: ~~PORT CHARLOTTE FL~~
 3. TITLE: DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 4. TITLE: DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 5. TITLE: DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 6. TITLE: DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1. TITLE: Change Addition
 12 NAME
 13 STREET ADDRESS
 14 CITY-ST-ZIP
 2. TITLE: Change Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY-ST-ZIP
 3. TITLE: Change Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP
 4. TITLE: Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY-ST-ZIP
 5. TITLE: Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP
 6. TITLE: Change Addition
 62 NAME
 63 STREET ADDRESS
 64 CITY-ST-ZIP

800001884568
-07/05/96--01020--023
***200.00

05-01-96 OR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/96

Date of Filing

CR2E034 (12/95)