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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 20 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # P96000101225 (6)

BROAD	CAST CONSULTANTS, IN	C.				
Principal Plac	e of Business	Mailing Address				11414 PHOLD FIEDH BILL FARR
9838 RED REEF COURT 9838 RED R			r			
FORT MYERS	FL 33919	FORT MYERS FL 33919			DO NOT WRITE IN THIS S	DACE
					3. Date Incorporated or Qualified	race
					12/13/1996	
2. Principal P	2a. Mailing Address			4. FEI Number 65-0322991	Applied For	
21		26		APPLIED FOR	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		v. commedie of states besited	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	28   Zip	Coun	tru	Trust Fund Contribution	Added to Fees
24	25	29	30	'' <del>J</del>	This corporation owes or has paid the current Personal Property Tax due June 30.	ent year intangible LYes   No
	9. Name and Address of Curre		1301		10. Name and Address of New Registered A	
LEIBOWITZ & ASSOCIATES, P.A.				1 Name		
1 S.E. 3RD AVENUE			ا ا	82 Street Address (P.O. Box Number is Not Acceptable)		
	ITE 1450		Ľ	2 Once raid	ress (1.0. box Hamber is Not Acceptable)	
MIA	MI FL 33131		[8	3		
			l <sub>a</sub>	4 City		85 Zip Code
					FL poration submits this statement for the purpose of	11
SIGNATURE	Signature, typod or printed name of registered at OFFICERS AI	ND DIRECTORS	13.		red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	
TITLE		DELETE			Į.	Change Addition
NAME STREET ADDRESS	SCHWARTZEL, JOSEPH C 9838 RED REEF COURT		1.2 NAM	ET ADDRESS		
CITY+ST-ZIP	FORT MYERS FL 33919		1.4 City			
TITLE	DELETE		2.1 TITLE			Change Addition
NAME			22 NAM	F		- · ·
STREET ADDRESS			2.3 STAE	ET ADDRESS		
CITY-ST-ZIP			2. 4 CiTY	- S1 - 7IP		
TITLE		☐ DELETE	3 1 TITLE			Change Addition
NAME			3.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY 4.1 TITLE			Change Addition
NAME		L) Diffelt	4.1 HILE 4.2 NAM		L	Criange Modifion
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAM	r		
STREET ADDRESS			53 STRE	ET ADDRESS		
CITY-ST-ZIP			54 CITY			
TITLE	DELETE		6 1 1)1LE	Í		Change Addition
NAME			6.2 NAM	- 1		
STREET ADDRESS				ET ADDRESS		
14. I hereby o	ertify that the information supplied	with this filing does not qualify	6.4 City	ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further cert	ify that the information
indicated officer or o	on this annual report or supplement	tal annual report is true an <b>d a</b> c ceiver or trustee empower <b>ed</b> to	curate and t	hat my signatu	re shall have the same legal effect as if made unduring by Chapter 607, Florida Statutes; and that my	er oath; that I am an 🥏