


FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90172 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000000342					
1. Corporation Name BROUGHTON INTERNATIONAL INC.					
Principal Place of Business 3900 9TH ST N 100 SECOND STREET. N. ST PETE FL 33703 US			Mailing Address P O BOX 3342 ST PETE FL 33731-342 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		
9. Name and Address of Current Registered Agent BROUGHTON, JAMES 3900 9TH ST N ST PETERSBURG FL 33703			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 <i>Mark Broughton</i> V.P. DATE <i>4-29-99</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	BROUGHTON, JAMES E				
STREET ADDRESS	3900 9TH ST N				
CITY-ST-ZIP	ST PETERSBURG FL				
TITLE	STD	<input type="checkbox"/> DELETE			
NAME	BROUGHTON, KAY T				
STREET ADDRESS	3900 9TH ST N				
CITY-ST-ZIP	ST PETERSBURG FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	BROUGHTON, MARK D				
STREET ADDRESS	3900 9TH ST N				
CITY-ST-ZIP	ST PETERSBURG FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	BROUGHTON, JAMES E JR.				
STREET ADDRESS	3900 9TH ST N				
CITY-ST-ZIP	ST PETERSBURG FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	DELUCIA, BROOKE B				
STREET ADDRESS	3900 9TH ST N				
CITY-ST-ZIP	ST PETERSBURG FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	BROUGHTON, MATTHEW S				
STREET ADDRESS	3900 9TH ST N				
CITY-ST-ZIP	ST PETERSBURG FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
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, with all other like empowered.

SIGNATURE: *Mark Broughton* MATTHEW BROUGHTON V.P. 5-19-99 302-777-7767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)