


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

FILED
Jan 22 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 # 291081 (8)

1. Corporation Name
BROUDY BROS INC

Principal Place of Business P.O. BOX 1689 ST AUGUSTINE FL 32085-1689 US	Mailing Address P.O. BOX 1689 ST AUGUSTINE FL 32085-1689 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/19/1965	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1114771		Applied For Not Applicable	
23 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip	25 Country	28 Zip		29 Country	
24 Zip		25 Country		30 Zip	
24 Zip		25 Country		30 Zip	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BROUDY, MARTIN D 198 WEST KING ST., P.O. BOX 1689 ST AUGUSTINE FL 32095				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	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROUDY, MARTIN	1.2 NAME	
STREET ADDRESS	5072 ATLANTIC VIEW	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROUDY, JOAN	2.2 NAME	
STREET ADDRESS	235 HAWTHORNE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	2.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROUDY, BARRY (ASST. TR.)	3.2 NAME	
STREET ADDRESS	33 LINDA MAR DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	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)(f), 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: *[Handwritten Signature]*

CR2E034 (10/97)