


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

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**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90181 050 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 539563

1. Corporation Name  
 STANLEY S. BROSTERMAN, INC.



Principal Place of Business: OXFORD 400 SUITE 218 W. PALM BEACH FL 33417 US

Mailing Address: 40 STONER AVENUE 2A GREAT NECK NY 11021

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 4770 FOUNTAINS DR SUITE, Apt. #, etc. 206 City & State LAKE WORTH FL Zip 33467 Country USA

2a. Mailing Address: 26 40 STONER AVENUE SUITE, Apt. #, etc. 2A City & State GREAT NECK N.Y Zip 11021 Country USA

3. Date Incorporated or Qualified: 07/19/1977

4. FEI Number: 59-1757188 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 Tax. Yes No

9. Name and Address of Current Registered Agent: BROSTERMAN, STANLEY S OXFORD 400 APT 218 WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent: 81 Name BROSTERMAN, STANLEY S. 82 Street Address (P.O. Box Number is Not Acceptable) 4770 FOUNTAINS DRIVE SUITE 206 83 City LAKE WORTH FL 84 Zip Code 33467

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: Stanley S. Brosterman Pres. DATE: 1/15/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BROSTERMAN, STANLEY S.	
STREET ADDRESS	OXFORD 400 APT 218	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	BROSTERMAN, BEVERLY	
STREET ADDRESS	OXFORD 400 APT 218	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROSTERMAN, STANLEY S.	
STREET ADDRESS	4770 FOUNTAINS DR. STE. 206	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BEVERLY BROSTERMAN	
STREET ADDRESS	4770 FOUNTAINS DR. STE. 206	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: Stanley S. Brosterman, Pres. DATE: 1/15/99 DAYTIME PHONE #: 516.482.7761

CR2E034 (1/198)