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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

H07696

(8)

MICHAEL BROSCHE' ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1200-A E ATLANTIC AVE DELRAY BCH FL 33483	1200-A E ATLANTIC AVE DELRAY BCH FL 33483



3a. Date of Last Report

06/02/1995

3. Date Incorporated or Qualified

06/13/1984

2. Principal Pl	Principal Place of Business 28. Mailing Address		ress		4. FEI Number	L	Applied For	
21		26			59-2428883		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc. [27]		5. Certificate of Status Desired		5 Additional Required		
City & State	& State City & State 28			Election Campaign Financing     Trust Fund Contribution		00 May Be led to Fees		
Zip 4	Country 25	Zip 29	Gounti 30	ry	B. This corporation has liability for intangible tax under s 199.032,     Florida Statutes			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
			8	1 Name				
BROSCHE', MICHAEL				82 Street Address (P.O. Box Number is Not Acceptable)				
	E ATLANTIC AVE		ا ا	e Olicol Fida	1035 (1.10. DOX 1401100) 15 1401 1600ptat	5107		
	/ BCH FL 33483		8	3				
			8	A City		Toel	Zip Code	
			°	4 City		FL 85 2	zib Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florid	da Stalutes, the above	named corpor	ration submits this statement for the pu	rpose of changing its	registered office	
or register famíliar wi	red agent, or both, in the State of Floi ith, and accept the obligations of, Sec	rida. Such change was stion 607 0505. Horida	i authorizēd by the coi Statutes	rporation's boar	rd of directors. Thereby accept the app	xointment as registere	ed agent. Fam	
	in, and doodprate congruents or, exc	511011 007.00005, 11011dd	Cididico.					
SIGNATURE .	Signature, typed or princed name of registered a ju-	et and title it applicance	(NOTE: Biografered Ap	quid signature re pire	of when renstating)	DATE		
12.	OFFICERS AT	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	FICERS AND DIRECT	ORS IN 12	
HTLE	P	DE:	ETE 1.1 TOTAL	e I		Change	Addition	
NAME	BROSCHE', MICHAEL		1.2 NAM	E				
STREET ADDRESS	1200-A E ATLANTIC AVE		1.3 STRE	ET ADDRESS				
CITY-ST-ZiP	DELRAY BCH FL		1.4 CITY	- S1 - ZIP				
TITLE		DE DE	EFTE 2 1 THE	E		☐ Change	Addition	
NAME			2 2 NAM	E				
STREET ADDRESS			2.3 \$1R5	ET ADDRESS				
CITY - ST - ZIP			2.4 CITY	- SI - ZIF				
TITLE		[] D£	LETE 3. 1 TITL	F		Change	e 🔲 Addition	
NAME			3.2 NAM	ę.				
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CITY - ST - ZIP			· · · · · · · · · · · · · · · · · · ·	- ST - ZIP				
TITLE		DE		1		Change	e 🔲 Addition	
NAME			4 2 NAM	1				
STREET ADDRESS				ET ADDRESS				
CITY+SI-7IP	ļ			- S1 - 71°		E) e		
TITLE		DE				Change	e 🔲 Addition	
NAME			5.2 NAM					
STREET ADDRESS				F1 ADDRESS				
CITY-ST-7IP		ΓÌŒ		- S1 - ZiP		Change	e	
TITLE		_ Dr.				LJ change	2 Madadoll	
NAME			6.2 NAM					
STREET ADDRESS			E .	ET ADDRESS				
CITY-ST-ZIP	by cartify that the information surpolice	( with this films is value	6.4 City	e de la compresención de l	for the exemption stated in Section 119	0 07/3)/k) Florida Sto	tutos I furthor	
anneis, stro	at the information inclinatual on this or	consolination for a consolination	and of property and some and in-	turno ond ood w	ale and that my signature shall have the is report as required by Chapter 607, F	a anno long tallottent or	a if manuful constant	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #