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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zio

DOCUMENT # H07696

Country

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BROSCHE', MICHAEL 1200-A E ATLANTIC AVE

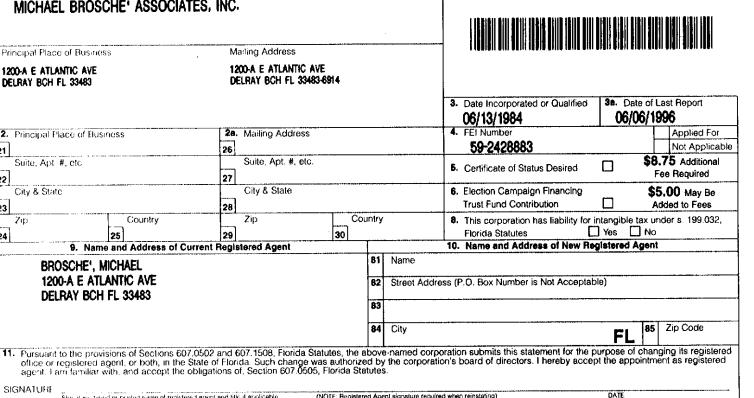
DELRAY BCH FL 33483

(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 33483-6914

FILED Apr 17 1997 8:00am Secretary of State



Stipliature, typed or printed name of registered agent and title if applicable (96/6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 OFFICERS AND DIRECTORS Change Addition DELETE 11 TITLE DIG BROSCHE', MICHAEL 1.2 NAME NAME 1200-A E ATLANTIC AVE 1.3 STREET ADDRESS STREET ADDRESS **DELRAY BCH FL** 1.4 CITY-ST-ZIP CITY ST-ZIP Change Addition DELETE 2.1 TITLE TILLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 City-St-ZiP CITY - ST - 7IP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP City - ST- ZIP Change Addition DELETE 4.1 TITLE THEF 4.2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY ST ZIE Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CH Y - ST - 7/F Addition DELETE TITLE 61 TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP CITY - ST - ZIF

14. I do 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 pripal report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that a trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Lam an officer or director of appears in Block 12 or Block

SIGNATURE: