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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K92936** **(9)**

1. Corporation Name
BROADWATER, INC.

Principal Place of Business
770 W GRANADA BLVD
SUITE 120
ORMOND BEACH FL 32174
US

Mailing Address
P.O. BOX 5285
SUITE 120
ORMOND BEACH FL 32175-5285
US

3. Date Incorporated or Qualified: 06/05/1989
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business
21 200 E. Granada Blvd.
Suite, Apt. #, etc.
22 Suite 204
City & State
23 Ormond Beach, FL
Zip 24 32176 Country 25 US

2a. Mailing Address
26 P.O. Box 2652
Suite, Apt. #, etc.
27
City & State
28 Ormond Beach, FL
Zip 29 32175 Country 30

4. FEI Number: 59-2951403 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
CLOAR, T. J., III
770 W GRANADA BLVD
SUITE 120
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 360 John Anderson Dr.
83
84 City: Ormond Beach FL 85 Zip Code: 32176

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: T.J. Cloar, III — DATE: 4-15-97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	CLOAR, T. J., III	1.2 NAME	
STREET ADDRESS	12 TIDEWATER DR	1.3 STREET ADDRESS	360 John Anderson Dr.
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	STD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	CLOAR, VIVIA	2.2 NAME	
STREET ADDRESS	12 TIDEWATER DR	2.3 STREET ADDRESS	360 John Anderson Dr.
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information submitted 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 below or on an attachment with an address.

SIGNATURE: T.J. Cloar, III — Date: 4-15-97 — Daytime Phone # 904 672 5998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR