

CERT MAIL P-150-329-761

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

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L56894** (3)
1. Corporation Name
BROSMAN TECHNOLOGIES INC.

Principal Place of Business % EDWARD A. BROSKY 12221 169TH COURT NORTH JUPITER FL 33478	Mailing Address % EDWARD A. BROSKY 12221 169TH COURT NORTH JUPITER FL 33478-6039
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/07/1990	3a. Date of Last Report 05/10/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0179692		Applied For Not Applicable	
22 City & State	27 City & State	6. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BROSKY, JAN MARIE 12221 169TH COURT NORTH JUPITER FL 33478		10. Name and Address of New Registered Agent	
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 NAME DP BROSKY, JAN MARIE	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP JUPITER FL		1.3 STREET ADDRESS	
TITLE NAME ST BROSKY, EDWARD A.	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12221 169 COURT NORTH		2.3 STREET ADDRESS	
CITY-ST-ZIP JUPITER FL		2.4 CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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  **EDWARD A. BROSKY 4-7-97**

CR2E034 (9/96)