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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000012421 1. Corporation Name

FILED Feb 17, 1999 8:00 am Secretary of State 02-17-1999 90030 015 ***150.00

BROSIS, INC.										
Principal Place	of Business	Ma	iling Address	.			-	HERRI edib i i		11061 1101 1101
1125 YOUNG BLVD. RT. 2 BOX 6008									-	
CHIEFLND FL 32626 LAKE CITY FL 32024							DO NOT MENT	IN THE	20405	•
υs							DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified			
							,			
	······		1 4 - W A - A				02/11/1993 4. FEI Number		A=	nlied For
<u> </u>	ace of Business	⊢	Mailing Address				==			pplied For
21		26	Suite, Apt. #, etc.				59-3168050		\$8.75	ot Applicable
Suite, Apt. i	≠, etc.	-	7				5. Certifcate of Status Desired		Fee Re	I .
22		27	City & State			-	a Floring Compiler Financiae	w		
City & State			Gity & State				6. Election Campaign Financing Trust Fund Contribution		Added	May Be
Zip Country			Zip Country				8. This corporation owes the current	voor Into		5.000
<u> </u>							Personal Property Tax.		Yes	□No
24	9. Name and Address of Curre			30 ₁			10. Name and Address of New Reg	istered A	gent	
	3. Name and Address of our	one region	.orou rigo	8	B1	Name				
PATE	EL, KOKILA						10.0.0		·	
1125 YOUNG BLVD.				18	82	Street Address (P.O. Box Number is Not Acceptable)				
CHIEFLND FL 32626			8	83				1 - 1		
					┙	_	ALM TO EXCEPT A		1,5 V, 3	300.00
				8	84	City		FL	85 Zip	Code
44 Burewant	the provisions of Sections 607.05	502 and 60	7 1508 Florida Statute	s the abo	ove-r	named como	ration submits this statement for the pu	mose of c	hanging its	registered
office or re	raintered eagent or both in the Stat	a of Florid	a. Such change was all	thorized t	hv th	ne corporation	nation such its this statement for the part's board of directors. I hereby accept t	he appoin	tment as re	gistered
agent. I au	n familiar with, and accept the oblig	gations of,	Section 607.0505, Flori	da Statuti	es.					
SIGNATURE	Signature, typed or printed name of registered ac	nent and title if	annicable (NOTE:	Registered A	gent s	signature required t	when reinstating)	DATE		
12.	OFFICERS A			13.	<u> </u>	• •	ADDITIONS/CHANGES TO OFFIC	CERS ANI	D DIRECTO	RS IN 12
TITLE	D		☐ DELETE	1.1 TITU	E				Change	☐ Addition
NAME	PATEL, S.S.			1.2 NAM	ŧΕ					
STREET ADDRESS	RT. 2 BOX 6008			1.3 STRE	EETA	DDRESS				
CITY-ST-ZIP	LAKE CITY FL 32024			1.4 CITY	/-ST-2	ZIP				
TITLE	D		☐ DELETE	2.1 TITLE						☐ Addition
NAME	PATEL, KOKILA				2.2 NAME		***		☐ Change	— · · · ·
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CITY-ST-ZIP						DDRESS			☐ Change	
O(): O: 2.	CHIEFTNU FL 32626				EET A				Cnange	
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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:

S. PATEL