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

PROFIT **CORPORATION ANNUAL REPORT**



Sandra B. Mortham

ANNI	ANNUAL REPORT 1998		Secretary of State DIVISION OF CORPORATIONS			ONS	Secretary of State			
1		00087	055 (8)		-				
BROOM	(ERS LANDING, INC.							6111 68:2 1 (211)	(88) (88) (6	118) A(II 188)
								401 1011 1111 1111 1111 1111		
Principal Place of Business Mailing Address							T TENNING FOR THE TENER CONTRACTOR BEING BEING B	Siete Miliai Albeit	100id 00i0) W	(10) 04) 100
1290 GULF BLVD 1290 GULF BLVD UNIT 1508										
CLEARWATER FL 34630 CLEARWATER FL 34630							DO NOT WRIT	E IN THIS S	PACE	·
US		US					 Date Incorporated or Qualified 12/21/1993 			
2. Principal P	lace of Business	2a. Ma	iling Address				4. FEI Number		TĀ	pplied For
21		26					59-3214680			lot Applicable
Suite, Apt.	#, etc.	27 Sui	ite, Apt. #, etc.				5. Certificate of Status Desired			Additional lequired
City & Stat	е		City & State				6. Election Campaign Financing			May Be
23		28		7			Trust Fund Contribution		•	to Fees
Zip 24	Country 25	Z (p	1	30 Cot	untry		This corporation owes or has p Personal Property Tax due Jun	_		itangible No
	g. Name and Address of Cur		d Agent	30			10. Name and Address of New R			
LARSON, ROGER A					81	Name				
16120 US HWY 19 N					82	Street Addr	ess (P.O. Box Number is Not Accepta	bie)		
SUITE 210					83					
(1)	EARWATER FL 34624				\sqcup					
					84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1	508, Florida State	ules, the a	bove	-named corp	poration submits this statement for the ion's board of directors. I hereby acce	purpose of	changing i	its registered
agent. I a	m familiar with, and accept the ob	ligations of, Se	ction 607.0505, F	Ftorida Sta	lules		ion o board or directors. Priorety decid	prime appe	militari de	, rogiotorea
SIGNATURE	Signature, typed or printed name of registered	agent and tile if app	ilicatife. (NO	OTF: Registere	d Ager	nt signature requir	od whon reinslating)	DATE		
12.	OFFICERS /	AND DIRECTOR		13.		·····	ADDITIONS/CHANGES TO OFFI			
TITLE	D		DELETE	1.111				i	L Change	Addition
NAME	SHAFFER, ROY E JR 1290 GULF BLVD UNIT 150	10		1.2 N		Inneses				Í
STREET ADDRESS CITY-ST-ZIP	CLEARWATER FL	<i>7</i> 0			IREET <i>T</i> ITY-ST	ADDRESS				
TITLE	D		DELETE	2.1 TI		1-211	7.8		Change	Addition
NAME	SHAFFER, JOAN D			2.2 N	AME					,
STREET ADDRESS	1290 GULF BLVD UNIT 150)8		2.3 ST	rreet /	address				
CITY-ST-ZIP	CLEARWATER FL		DELETE		ITY - ST	1 - ZIP	······		Change	Addition
NAME			בן טננכונ	3.1 TO 3.2 N		}		L	Change	Addition
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP					HTY-SI					
TITLE			DELETE	4.1 TI	TLF				Change	☐ Addition
NAME				4.2 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP TITLE			DELETE	5.1 TJ	TLF	· ZIP		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Change	Addition
NAME			_	5.2 N/						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				5.4 CI	ITY-ST	- ZIP				
TITLE			DELETE	6 1 TI		"			Change	☐ Addition
NAME STREET ADDRESS				6.2 N/		ADDRESS				

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 attackypent with an address.

FILED

Feb 13 1998 8:00am