

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000000342 (3)**

1. Corporation Name
BROUGHTON INTERNATIONAL INC.



Principal Place of Business: **BARNETT TOWER STE-420 SUITE 720 ST. PETERSBURG FL 33701 US**
Mailing Address: **BARNETT TOWER STE-420 SUITE 720 ST. PETERSBURG FL 33701 US**

3. Date Incorporated or Qualified: **01/04/1994**
3a. Date of Last Record: **05/01/1995**

2. Principal Place of Business: **21 100 SECOND STREET N.**
Suite, Apt. #, etc.:
22 City & State:
23 Zip: Country:
24 25
2a. Mailing Address: **26 100 SECOND STREET N**
Suite, Apt. #, etc.:
27 City & State:
28 Zip: Country:
29 30

4. FEI Number: **59-3217006**
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. 193.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROUGHTON, JAMES
BARNETT TOWER SUITE 720
ONE PROGRESS PLAZA
ST. PETERSBURG FL 33701**

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: _____ DATE: _____
Signature: typed or printed name of registered agent and the date of signature. (NOTE: Registered Agent signature required when changing.)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	BROUGHTON, JAMES E
STREET ADDRESS	ONE PROGRESS PLAZA STE-420
CITY-STATE-ZIP	ST. PETERSBURG FL 33701
TITLE	STD <input type="checkbox"/> DELETE
NAME	BROUGHTON, KAY T
STREET ADDRESS	ONE PROGRESS PLAZA STE-420
CITY-STATE-ZIP	ST. PETERSBURG FL 33701
TITLE	V <input type="checkbox"/> DELETE
NAME	BROUGHTON, MARK D
STREET ADDRESS	C/O ONE PROGRESS PLAZA STE. 420
CITY-STATE-ZIP	ST. PETERSBURG FL 33701
TITLE	V <input type="checkbox"/> DELETE
NAME	BROUGHTON, JAMES E JR.
STREET ADDRESS	C/O ONE PROGRESS PLAZA STE. 420
CITY-STATE-ZIP	ST. PETERSBURG FL 33701
TITLE	V <input type="checkbox"/> DELETE
NAME	DELUCIA, BROOKE A JR.
STREET ADDRESS	C/O ONE PROGRESS PLAZA STE-420
CITY-STATE-ZIP	ST. PETERSBURG FL 33701
TITLE	V <input type="checkbox"/> DELETE
NAME	BROUGHTON, MATTHEW S JR.
STREET ADDRESS	C/O ONE PROGRESS PLAZA STE-420
CITY-STATE-ZIP	ST. PETERSBURG FL 33701

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	100 SECOND STREET N
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	100 SECOND STREET N
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	100 SECOND STREET N
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	100 SECOND STREET N
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	100 SECOND STREET N
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	100 SECOND STREET
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Mark Broughton* **MARK BROUGHTON** 7-29-96 813 824 6734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)