

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

**FILED**

**May 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

**DOCUMENT # P94000000342 (3)**

1. Corporation Name  
**BROUGHTON INTERNATIONAL INC.**



Principal Place of Business

**BARNETT TOWER, STE. 420  
100 SECOND STREET, N.  
ST. PETERSBURG FL 33701  
US**

Mailing Address

**100 SECOND STREET, N. PO BOX 3342  
SUITE 720  
ST. PETERSBURG FL 33731  
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25

2a. Mailing Address

26 **PO BOX 3343**  
27 Suite, Apt. #, etc.  
28 **ST PETERSBURG FL**  
29 **33731-3343** 30 **USA**

3. Date Incorporated or Qualified

**01/04/1994**

3a. Date of Last Report

**05/01/1996**

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. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3900 9TH STREET N**  
83  
84 City **ST PETERSBURG** FL 85 Zip Code **33703**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>BROUGHTON, JAMES E</b>	
STREET ADDRESS	<b>100 SECOND STREET, N.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>BROUGHTON, KAY T</b>	
STREET ADDRESS	<b>100 SECOND STREET, N.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>BROUGHTON, MARK D</b>	
STREET ADDRESS	<b>100 SECOND STREET, N.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>BROUGHTON, JAMES E JR.</b>	
STREET ADDRESS	<b>100 SECOND STREET, N.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>DELUCIA, BROOKE A JR.</b>	
STREET ADDRESS	<b>100 SECOND STREET, N.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>BROUGHTON, MATTHEW S JR.</b>	
STREET ADDRESS	<b>100 SECOND STREET, NO.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	

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	<b>3900 9TH STREET N</b>
1.4 CITY-ST-ZIP	<b>ST PETERSBURG FL 33703</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>3900 9TH STREET N</b>
2.4 CITY-ST-ZIP	<b>ST PETERSBURG FL 33703</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>3900 9TH STREET N</b>
3.4 CITY-ST-ZIP	<b>ST PETERSBURG FL 33703</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>3900 9TH STREET N</b>
4.4 CITY-ST-ZIP	<b>ST PETERSBURG FL 33703</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>3900 9TH STREET N</b>
5.4 CITY-ST-ZIP	<b>ST PETERSBURG FL 33703</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>3900 9TH STREET N</b>
6.4 CITY-ST-ZIP	<b>ST PETERSBURG FL 33703</b>

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, as changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-29-97**

0510666

CR2E034 (9/96)