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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000077819

BROADNAX TRANSFER, INC.

Principal Place of Business	Mailing Address
OOO C THOURT CT	nos e cunine e

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90003 033 ***150.00



Principal Plac	e of Business	Mailing Address				: 18611 18 50) 13161	17818 1811 1881
902 S EMPIRE ST 902 S EMPIRE ST				·		,	
PLANT CITY FL 33566 PLANT CITY FL 33566							
					DO NOT WRITE IN THIS	S SPACE	
					3. Date Incorporated or Qualifed 10/02/1995		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	App	plied For
21	<u></u>	26			65-0627726	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	Мау Ве
23	,	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Coun	try	8. This corporation owes the current year in		_
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered	Agent	:
500	ABUAY BEMAIN			81 Name	,		
)ADNAX, DEVAN R 2 ESSEX DRIVE			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
	NT CITY FL 33566		-	83	· · · · · · · · · · · · · · · · · · ·	34 W 31	13 18 18 18 18 18 18 18 18 18 18 18 18 18
			1	04 07	· 1000 1000 1000 1000 1000 1000 1000 10	Lin (in this	
				84 City	FI	85 Zip C	vode
office or	registered agent, or both, in the Sta um familiar with, and accept the obli	te of Florida: Such change was a gations of, Section 607.0505, Flo	iuthorized orida Statul	by the corpora tes.	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appo	intment as rec	gistered
office or agent. I a SIGNATURE	registered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS A	te of Florida: Such change was a gations of, Section 607.0505, Florgent and title if applicable. (NOTE AND DIRECTORS	e: Registered A	by the corporates.	ired when reinstating)	ND DIRECTO	RS IN 12
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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 of 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 of on an attackment with an address, with all other like empowered.