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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

DOCUMENT # P96000088202 1. Corporation Name

BROMAX, INC.

LAKE CITY FL 32055		LAKE CITY FL 32055			
2. Principal Pla	ce of Business	2a, Mailing Address			
21		26			
Suite, Apt. #	, <b>et</b> c.	Suite, Apt #, etc.			
City & State		City & State			
23		28			
Zip	Country	Zip Country			
24	25	29 30			
	9 Name and Address of Co	rrent Registered Agent			

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

> 99 FEB -8 AM 10: 38 SECRE LEGY OF STATE

`							
Principal Place of Business Mailing Address							
1344 LAKE JEFF LAKE CITY FL 3		1344 LAKE JEFFEI LAKE CITY FL 320					
				<b>!</b>	OT WRITE IN TH	IIS SPACE	
				3. Date Incorporated or	Qualifed		
<b>5</b> 5 1 1 1 1 5 1				10/25/1996			
2. Principal Place of Business		2a, Mailing Addre	SS	4, FEI Number		Applied For	
25		26		59-3409849		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #,	etc.	5. Certificate of Status D	esired []	\$8.75 Additional Fee Required	
City & State		City & State		6, Election Campaign Fi Trust Fund Contribute	- 1	<b>\$5.00</b> May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes	8. This corporation owes the current year Intangible		
24	25	29	30	Personal Property 1a:	×	[ Yes [ INo	
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address	of New Registere	ed Agent	
1344	ER, ALBERT L JR LAKE JEFFERY ROAD CITY FL 32055		81 Nam 82 Street	et Address (P.O. Box Number is No	t Acceptable)		
			84 City		F	85 Zip Code	
11. Pursuant to office or re- agent. I am	o the provisions of Sections 607. gistered againt, onboth, in the St of familiar with, and agreet the ob-	0502 and 607.1508, Florid at of Florida. Such chang ligations of, Section 607.0	a Statutes, the above-name e was authorized by the cor 505, Florida Statutes.	ed corporation submits this statemer rporation's board of directors. There	by accept the app	pointment as registered	
SIGNATURE 5	ilgnature, typed or printed name of registered	agent and title if applicable	(NOTE: Registered Agent signature	re required when repistating)	Q-4-	77	
12.	OFFICERS	AND BIAECTORS	13.	ADDITIONS/CHANGES	S TO OFFICERS	AND DIRECTORS IN 12	
TITLE	VD	□ DE:	ETE 11 TITLE	PD		Change [   Addition	
NAME	FILIS FRANK		1.2 NAME	1 *		_	

title if applicable (NOTE: Registered Agent signature req 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 11 TITLE **ELLIS, FRANK** NAME 1.2 NAME **ROUTE 10 BOX 435** STREET ADORESS 13 STREET ADDRESS LAKE CITY FL 32025 OTTY-ST-ZIP 14 CITY-ST-ZIP [ ] DELETE TITLE 21 TITLE WEATHERSPOON, ROBERT L 22 NAME **ROUTE 10 BOX 448** STREET ADDRESS 2.3 STREET ADDRESS LAKE CITY FL 32025 CITY-STEZE 2 4 CITY-ST-ZIF DELETE 3.1 Till F TITLE NAM MCDANIEL, WILLIE 3.2 NAME STREET ANDRESS 1402 BROOKHILL DRIVE 3.3 STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33916 3.4. C/TY-ST-Z/P DELETE TITLE 4 1 TITLE D NAME **CUMMINGS, EDDIE** 4 2 NAME 3415 S.E. 17TH AVENUE STREET ADDRESS 4.3 STREET ADDRESS GAINESVILLE FL 32641 CITY-ST-ZIP 4.4 CITY-ST-ZIP LIDELETE TITLE 5.1 TIFLE 5.2 NAME MANE MAHIN, DANIEL M 4430 S.E. 14TH TERRACE 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP GAINESVILLE FL 32641 CITY-ST-ZIP [] DELETE 61 TILLE TITLE TD 6.2 NAME NAME OLIVER, ALBERT L JR STREET ADDRESS 6.3 STREET ADDRESS 1344 LAKE JEFFERY ROAD LAKE CITY FL 32055 64 CITY-ST-ZIP CITY-ST-ZP

Weatherspoon, Robert L & R+10 Box 448 Lake City, FC 32025 F I Addition

Addition

[] Change [ ] Addition 400002774094----02/12/99--01071--007 \*\*\*\*150.00 \*\*\*\*150.00 .

[ | Change [ | Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 earne 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 officer or director of the Block 12 or Block 13 if ther like empowered

**SIGNATURE** 

Daytime Phone #