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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000093257 (9)

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:**

FILED May 12 1998 8:00am Secretary of State

BRODIGI ENTERPRISES, INC.							
rincipal Place of Business	Mailing Address				-{		IIM I II I III
325 QIVENS ST 5221 OCEAN BLVD.							
SARASOTA FL 34242 26 SARASOTA FL 34242							
					DO NOT WRITE IN TH	IS SPACE	
	U\$				3. Date Incorporated or Qualified		
					11/12/1996		
Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
26					65-0722185		ot Applicable
ilte, Apt. #, etc.					5. Certificate of Status Desired	7	Additional
27 Ch. 8 Cuta					<u> </u>		equired
City & State	 -				6. Election Campaign Financing		May Be
Zip Country				Trust Fund Contribution		to Fees	
ı' 🗁 '	— ·		untry		8. This corporation owes or has paid the		
9. Name and Address of Cu	rrent Begistered Agent	30			Personal Property Tax due June 30. 10. Name and Address of New Registers		No No
	Trent Hegistered Agent		81	Name	10. Name and Address of New Registers	u Agent	
BRODY, CAROL L			"	INDITIO			1
325 GIVENS ST			82	Street Addre	dress (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34242			83				
			89				ł
			B4	City		85 Zip	Code
	0000		<u> </u>			L	
office or registered agent, or both, in the S agent. I am familiar with, and accept the o	itate of Florida. Such change was bligations of, Section 607,0505, Fl	ies, the a authorize Iorida Sta	ed by to tutes.	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the s	ppointment as	is registered
IGNATURE							ĺ
Signature, typed or printed name of registere			d Agen	I signature require	d when reinstaling) DATE		
	AND DIRECTORS			···	ADDITIONS/CHANGES TO OFFICERS A		
P PODY CAPOLI	☐ percie	1.2 NAME				Change	Addition
ME BRODY, CAROL L.				}];
	5221 OCEAN BLVD., STE. 26 SARASOTA FL			DORESS			Į)
			1.4 CITY-ST-ZIP				
TLE .	DELÉTE		2.1 TITLE			Change	☐ Addition] (
ME			2.2 NAME				ļ
REET ADDRESS	IESS		2.3 STREET ADDRESS				1
TY-ST-ZIP		2 4 0	CITY-ST	- ZIP			
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ME		3.2 N	AME				
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TY-\$1-ZIP		3.4. 0	TZ-YTK	- ZiP			
n.t	DELETE		4.1 TITLE			☐ Change	Addition
ME		4.21	NAME)
REET ADDRESS		4.3 \$	TREET A	ODRESS			
TY-ST-ZIP		4.4 C	4.4 CITY - ST - ZIP				
ILE	DELETE		5.1 TITLE			Change	Addition
IME		5.2 N	IAME	1			
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TY-\$1-ZIP		_ 5.4 C	ITY- \$T-	ZiP_			
TLE	DELETE		6.1 TITLE			Change	Addition
ME		6.2 N	AME				
REET ADDRESS		6.3 S	TREET A	DDRESS			
TY-ST-ZIP			ITY-ST				{
1. I hereby certify that the information supplie	ed with this filing does not qualify f				Section 119.07(3)(i), Florida Statutes. I further	certify that the	information