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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business

P97000033658 (0)

BROM-TECH, INC.

Mailing Address

FILED May 04 1998 8:00am Secretary of State



9605 NW 3 CORAL SPF		9605 NW 37 ST CORAL SPRINGS FL 33065				3. Date Incorporated or Qualified	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/14/1997				
2 Principal P	ace of Business		2a. Madin	g Address	·			04/14/1997 4. FEI Number		Ac	plied For
	me As	_	SAME AS ABOVE				65-08225	71	No	t Applicable	
Sulte, Apt.	#, etc.	ADDV	Suite.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	е .	City &	City & State				6. Election Campaign Financing		\$5.00	May Be	
23			28					Trust Fund Contribution		Added	
Zip	7 _	Country	Zıp	⊢						angible	
24	25		29		30			Personal Property Tax due Jur			No NA
	9. Name and	Address of Current	Registered A	Agent		81	Nama	10. Name and Address of New F	egisterea A	gent	
В	romfield, do	onald P				01	Name				
9	605 NW 37 S1					82 Street Address (P.O. Box Number is Not Acceptable)					
C	ORAL SPRING										
						83					
						84	City		FL	1 .	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	Signature, typed or pr	inted name of registered agent	and little if applica	ale (NO	1£ Registere	ngA b	nt signature	required when reinstating)	DATE		
12,		OFFICERS AND	***		13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 12
TITLE	D			☐ DELET E	1.1 %	TLE				Change	Addition
NAME	BROMFIE	LD, DONALD P			1.2 N/	ME					
STREET ADDRESS	9605 NW				1.3 \$1	REET	ADDRESS				
CITY-ST-ZIP		PRINGS FL 33065			1.4 CI	TY-S1	T-ZiP				
TITLE				DELETE	21 Ti	TLE			Ì	Change	Addition
NAME					2.2 N	AME					
STREET ADDRESS					2.3 \$1	REET	ADDRESS				
CITY-ST-ZIP					2.40	ITY-S	ST - ZIP				
TITLE				DELETE	3.1 TI	TLE				Change	Addition
NAME					3.2 N	AME					
STREET ADDRESS					3.3 \$1	REET	ADDRESS				
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NAME					4. 2 N	AME	1				-
STREET ADDRESS					4.3 S	REET	ADDRESS				
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TITLE				DELETE	5.1 11	TLE				Change	☐ Addition
NAME					5.2 N	AME					
STREET ADDRESS					5.3 S	REET	ADDRESS				
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TITLE				DELETE	6.1 71	TLE	ŀ		ļ	Change	Addition
NAME					6.2 N	AME					
STREET ADDRESS					6.3 S	TREET	ADDRESS				
CITY-ST-ZIP	<u> </u>				6.4 C	TY-S	T-ZIP		14.4	436 41 4 4	
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 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.											