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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000073040

1. Corporation Name

BROMLEY TAMPA, INC.

Principal Place of Business Mailing Address						-) } 	
3725 GRACE STREET TAMPA FL 33706		120 5TH AVE ATTN: GENERAL COUNSEL NEW YORK NY 10011		DO NOT WRITE IN T	HIS SPACE			
		US TORK NT TOOT				3. Date Incorporated or Qualifed 08/22/1997		
Principal Place of Business 2a. Mailing Address			:			4. FEI Number	Apr	olied For
21 26						59-3464551	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					- 1	5. Certificate of Status Desired	\$8.75 A	
22 27			···				Fee Re	`
City & State City & State						6. Election Campaign Financing	\$5.00	
23 28 7.0			Country			Trust Fund Contribution	Added to	o rees
Zip	Country 25	Zip 3				This corporation owes the current year Personal Property Tax.		□No
24	9. Name and Address of Curr					10. Name and Address of New Register		
			81	Name	·			
SCHECHT, NEIL S			82	Stroo	t Addres	es (P.O. Box Number is Not Acceptable)		
2909 W. BAY TO BAY BLVD.			62	82 Street Address (P.O. Box Number is Not Acceptable)				
PENTHOUSE			83					
TAM	PA FL 33629		84	City			85 Zip C	Code
				•		•	-L	
office or re	egistered agent, or both, in the Stat	502 and 607.1508, Florida Statutes te of Florida. Such change was autl gations of, Section 607.0505, Florid	horized by	the cor	a corpor poration	ration submits this statement for the purpose i's board of directors. I hereby accept the ap	pointment as rec	gistered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: R	legistered Agen	t signature	required v	when reinstating) DATE		
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE			,	☐ Change	☐ Addition
NAME	HAINES, WILLIAM		1.2 NAME					
STREET ADDRESS	120 5TH AVENUE		1.3 STREET		S			
CITY-ST-ZIP	NEW YORK NY 10011		1.4 CITY-ST	- ZIP			[] Change	Addition
TITLE	D D	☐ DELETE	2.1 TITLE		.		☐ Change	L Addition
NAME	SHARKEN, RICHARD		2.2 NAME					
STREET ADDRESS	120 5TH AVENUE		2.3 STREET		S			
CITY-ST-ZIP	NEW YORK NY 10011	☐ DELETE	2. 4 CITY-S 3.1 TITLE	T- ZIP	+		Change	☐ Addition
TITLE		C BELETC	3.2 NAME					
NAME			3.3 STREET	ADDRES				
STREET ADDRESS			3.4, C/TY-S		١ .			
CITY-ST-ZIP TITLE		. DELETE	4.1 TITLE		+		☐ Change	Addition
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRES	s			
CITY-ST-ZIP			4.4 CITY-S1					
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME			-		
STREET ADDRESS			5.3 STREET	ADDRES	s			
CITY-ST-ZIP			5.4 CITY- ST	-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADORES	s			ĺ
CITY-ST-ZIP		•	6.4 CITY- ST	-ZIP	-			

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 trusted 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 attachine in the receiver of the corporation of the receiver of the corporation of the receiver of trusted empowered.

SIGNATURE: