

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

001693

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000012432**

1. Corporation Name

BROADWAY REPORTING, INC.

Principal Place of Business
**POST OFFICE BOX 163233
ALTAMONTE SPRINGS FL 32716**

Mailing Address
**POST OFFICE BOX 163233
ALTAMONTE SPRINGS FL 32716**

FILED

99 JUL 22 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1998

4. FFA Number

59-3471655

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**MORRIS, TEIR L
585-275 LITTLE RIVER LOOP
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

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CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

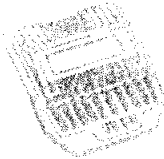
6.4 CITY-ST-ZIP

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 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: **Toni Murray**

07/08/1999 **407.339.1300**

CR2E034 (5/99)



Court Reporting Specialists
Notaries Public

Broadway Reporting, Inc.

P.O. Box 163233
Altamonte Springs, FL 32716
Telephone: 407.339.0790
Pager: 407.893.2244
Facsimile: 407.339.7300

July 8, 1999

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, Florida 32302-1500

2

Re: Broadway Reporting, Inc.
P-98000012432
Annual Reports Filing

Dear Sir/Madam:

In response to the Second Notice 1999 Profit Corporation Annual Report received by our company July 1, 1999, and after checking our file, a call was initiated to the Division on July 6, 1999.

At that time we were informed by an individual named Carol that our report was filed, however, additional information was requested on or about April 16, 1999. We did not receive that additional information request.

Enclosed please find the **Second Notice Request** completed and a photocopy of the First Notice.

We are also requesting at this time the additional filing fee amount of five hundred and fifty dollars (\$550.00) be waived, as we did not receive the April request. Please advise in writing of the waiver decision.

Enclosed please find an eight dollar and seventy-five cent check for Certificate of Status.

Thank you for your consideration in this matter.

Sincerely

Teir L. Morris

Teir L. Morris

TLM/dm