FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jan 21, 2003 8:00 am Secretary of State

DOCUMENT # P98000033244 1. Entity Name BRONSON INVESTMENT. CORP					01-21-2003 90602 001 ***150.00			
24 1970	OO NOT WRITE		PACE					
2. Principal Place of Business 5(4) HUNT RD. Suite, Apt. #, etc.		3. Mailing Address TARPON SPRINGS Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State TARSON SPLIN(25		FLA.		V	4. FEI Number 59-35/ 4957 Applied For Not Applicable \$8.75 Additional			
3400	89 U-SA.	21p 34689	Country US/		entificate of Status Desired	Fee	Required	
			Name		ne and Address of Currer		<u>mt</u>	
DO NOT WRITE			Street A	Street Address (P.O. Box Number is Not Aggeptable)				
	IN THIS SPA			567	HUNT KU			
			City	9RPON	SPRINGS	FL	Zip 39689	
	named entity submits this statement for tons of registered agent.	the purpose or changing its	s registered office o	r registered age	nt, or dom, in the State of F	-torida, i am tamili:	ar with, and accept	
SIGNATURE _	Signature, types or printed name of spent and	Callen dittle di applicable. (NOT	E: Registered Agent signal	bre required when rein	s(ating)	1/13/03 DATE)	
	uary 1 - May 1 Fee i \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of S	ng January January			9. Election Campaign F Trust Fund Contributi		\$5.00 May Be Added to Fees	
10.	OFFICERS AND D	IRECTORS	-g 36 - 136 at 5	in a first of the		Carlotte Const	4 18 22 44	
TITLE NAME	SUZANNE CARLEON PRESIDENT		NAME				12/02	
STREET ADDRESS CITY-ST-ZIP	TARION SIG. FLA. 34689		STREET ADDRESS	STREET ADDRESS: CHY-ST-ZPP		SZE034B (1202		
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C/IY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		•	TITLE : 100 P. S.	***				
STREET ADDRESS CITY-ST-ZIP			STREET ADDORESS.		DO NOT	WRITE		
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
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CTTY-ST-ZIP	artify that the information cumuliar with t	his filing does not qualify to	CITY ST-ZIP	ited in Section 1	19 07(3Vi) Florida Statutes	I further certify the	nat the information	
indicated of the corp	ertify that the information supplied with the on this report or supplemental report is to contain or the receiver or frustee empore the contains of the receiver frustee empore the contains of the contains o	rue and accurate and that wered to execute this repo	my signature shall here as required by C	have the same le chapter 607, Flor	egal effect as if made unde ida Statutes; and that my r	r oath; that I am a name appears in I	officer or director Block 10 or on an	
	it with an address, with all/other like emp	owered.	11	-,	Tan 13	70.7		
SIGNAT	URE:	INTED NAME OF SIGNING OFFICE	S OR DIRECTOR		JHIV /3	200 3	a Phone #	