


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

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90054 003 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000042810

1. Corporation Name  
BROGOD SERVICES, INC.

Principal Place of Business C/O CHARLES ADAMS. ESQ. 818 SE 4TH ST. SUITE 405 FT LAUDERDALE FL 33301	Mailing Address C/O CHARLES ADAMS. ESQ. P O BOX 030488 FT LAUDERDALE FL 33303
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/12/1998	
4. FEI Number 65-0837320	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 19499 BLACK Olive LN. Suite, Apt. #, etc. 22 City & State 23 BOCA RATON, FL Zip 24 33498 Country 25 USA	2a. Mailing Address 26 19499 BLACK Olive LN. Suite, Apt. #, etc. 27 City & State 28 BOCA RATON, FL Zip 29 33498 Country 30 USA
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9. Name and Address of Current Registered Agent

ADAMS, S CHARLES ESQ  
818 SE 4TH ST, SUITE 405  
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PRITCHETT, DOROTHY <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PIT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRITCHETT, DOROTHY	1.2 NAME	JOHNNY L. BROWN
STREET ADDRESS	C/O S CHARLES ADAMS, 818 SE 4TH ST, S-405	1.3 STREET ADDRESS	19499 BLACK OLIVE LANE
CITY-ST-ZIP	FT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP / S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	ARLENE K. BROWN
STREET ADDRESS		2.3 STREET ADDRESS	19499 BLACK OLIVE LANE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE:

 SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99

Date

561 477-1962

Daytime Phone #