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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000042810

1. Corporation Name

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

04-07-1999 90054 003 ***150.00

BROGO	O SERVICES, INC.										;
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Principal Place	e of Business	Mailing Address									
C/O CHARLES		C/O CHARLES ADAMS. ESC) .								
818 SE 4TH ST FT LAUDERDAL		P O BOX 030488 FT LAUDERDALE F3 3303		`	~	:	DO NOT WE	RITE IN THIS	CDACE		1
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	9. Name and Address of Current	Registered Agent		81 Name		10. Name and A	uuress of New	keAisteted i	-เบียก(
ADAI	MS, S CHARLES ESQ		L								
818 SE 4TH ST, SUITE 405]	82 Street	Addres	s (P.O. Box Numl	ber is Not Accep	otable)			
FT L	AUDERDALE FL 33301		ŀ	83				-			
			1								
				84 City				. FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the ab	ove-name	corpora	ation submits this	statement for th	e purpose of	changing its	registered	
office or n	registered agent, or both, in the State of im familiar with, and accept the obligation	Florida, Such change was au	uthorized	by the corp	oration'	s board of directo	rs. I hereby acc	ept the appoir	itment as re	gistered	
•	, ,	ins of, Section,607.0505, Flor	iua Siatu	163.			_				
SIGNATURE	, ,				required w	hen reinstating)	-	DATE	<u> </u>		ć
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE:	Registered A	gent signature	required w		HANGES TO O				
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE:	Registered A	gent signature	PI	ADDITIONS/C	, , , , ,	FFICERS AN	D DIRECTO	DRS IN 12	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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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:

TED NAME OF SIGNING OFFICER OR DIRECTOR