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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90156 022 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000078738

1. Corporation Name

BROADSTREET FINANCIAL NETWORK, INC.

Principal Place of Business

550 N. STATE ROAD 7, STE. 305
MARGATE FL 33063

Mailing Address

550 N. STATE ROAD 7, STE. 305
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1998

4. FEI Number

65-0863505

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 7800 W. OAKLAND PARK BLVD.

2a. Mailing Address

26 7800 W. OAKLAND PARK BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 E-214

27 E-214

City & State

City & State

23 SUNRISE, FLORIDA

28 SUNRISE, FLORIDA

Zip

Country

Zip

Country

24 33351

25 USA

29 33351

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAUFMAN, BARRY M
9900 W. SAMPLE ROAD, #300
CORAL SPRINGS FL 33065

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **INGEL, MARSHALL**
STREET ADDRESS **5040 KING ARTHUR AVE.**
CITY-ST-ZIP **DAVE FL 33331**

TITLE **DV** ☐ DELETE
NAME **CODISPOTI, BRUNO**
STREET ADDRESS **3570 NW 97 TERR**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **DT** ☐ DELETE
NAME **CODISPOTI, RAYMOND**
STREET ADDRESS **2212 NW 73 AVE**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
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
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

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☐ Change ☐ Addition

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:

Raymond Codispoti

RAYMOND CODISPOTI

4-29-99

Date

877-378-7338

Daytime Phone #

CR2E034 (11/98)