

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90032 009 ***150.00

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

DOCUMENT # P98000091381

1. Corporation Name

RAYMOND J. BROSOFSKI, INC.

Principal Place of Business

308 SW LA CROIX AVE
PORT ST LUCIE FL 34953

Mailing Address

308 SW LA CROIX AVE
PORT ST LUCIE FL 34953

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/26/1998	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 05-0880702	Applied For Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip	28	31 Zip	32	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 Country	29	33 Country	34	7. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

BROSOFSKI, RAYMOND J
308 SW LA CROIX AVE
PORT ST LUCIE FL 34953

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

FL

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 except 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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	☐ Change ☐ Addition
NAME	BROSOFSKI, RAYMOND J	1.2 NAME	
STREET ADDRESS	308 SW LA CROIX AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	☐ 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 or without other like empowered.

SIGNATURE:

Raymond J. Brosowski - Raymond J. Brosowski
 DATE: 4/23/99
 TELEPHONE: 561-751-2257

CR2E034 (11/98)