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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # V02030 1. Corporation Name

M.H. BROOME CORPORATION

## FILED Jan 28, 1999 8:00am Secretary of State

01-28-1999 90013 006 \*\*\*150.00



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Principal Place of Business Mailing Address						- I ibili bilati satis isai saisa iiii sai saisi sisi s
500 S GREEN DOLPHIN 500 S GREEN DOLPHIN						
CAPE HAZE FL	33946	CAPE HAZE FL 33946				DO NOT WRITE IN THIS SPACE
US		US				3. Date Incorporated or Qualifed
	. •				,	12/24/1991
		2a. Mailing Address				4. FEI Number Applied For
2. Principal Pla	ice of Business	├ <del>-</del> ¬				65-0312334 Not Applicable
21	l ata	Suite, Apt. #, etc.				\$8.75 Additional
Suite, Apr. #, etc.				-:	سنتسده سر	5. Certificate of Status Desired Fee Required
22 City & State	<u>.                                    </u>	City & State				6. Election Campaign Financing \$5.00 May Be
23	,	28				Trust Fund Contribution Added to Fees
Zip	Country	Zip		untry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of C	urrent Registered Agent		104	None	10. Name and Address of New Registered Agent
-	AUT DVDOM A	$\gamma_{i,j}$		81	Name	
CHO	WE, BYRON A.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
35 · · · 500 · \$	GREEN DOLPHIN			-		
CAPE	HAZEL FL 33946			83		
			•	84	City	85 Zip Code
and America	*			لـلـ		TL
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 and 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 and the provisions of Sections 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered and the provisions of Sections 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered and the purpose of c						
≅″° office or.re   ⊕⊜ agent. I ar	egistered agent, or both, in the on familiar with, and accept the o	obligations of, Section 607.0505,	Florida Sta	itutes.		
CICNATUDE	1.					d when reinstation/
SIGNATORE	Signature, typed or printed name of register	TOO ENGLISHED TO THE TOP TO THE TOTAL TOTAL TO THE TOTAL			t signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		RS AND DIRECTORS	13	TITLE	<del></del>	Change Addition
TITLE	D D D D D D D D D D D D D D D D D D D	E BELLIC		NAME		
NAME	CROWE, BYRON A.				ADDRESS	
STREET ADDRESS	500 S GREEN DOLPHIN				1	
CITY-ST-ZIP	CAPE HAZE FL	DELETE		CITY-ST	1-ZIP	☐ Change ☐ Addition
TITLE	D .			NAME	İ	
NAME	CROWE, RUTH J.		1		ADDRESS	•
STREET ADDRESS	500 S GREEN DOLPHIN			CITY-S		و ماق میریند بنده رسیدمسید و بید در از تخریف از ایر بیداد این بسید آن از ان <u>است </u>
- CITY-ST-ZIP	-CAPE HAZE FL	DELETE		TITLE	11-211	☐ Change ☐ Addition
CSO	value of the second	ے کاروں ا		NAME		
NAME:	orbite (Cole No. 110)	•			TADORESS	・ フェンジョン・大学者 こうたがつおびをひた。 かけまた。 かばん 発行する特別
	1.448. H (948)	, .		. CITY-S		
CITY-ST-ZIP		☐ DELETE		TITLE	-	Change Addition
TITLE	·.	· · · —		NAME		
NAME (A)	17. Per 1.				T ADDRESS	
STREET ADDRESS	144F			CITY-S		
CITY-ST-ZIP		☐ DELETE		TITLE	<del></del>	☐ Change ☐ Addition
TITLE	· · · · · ·			NAME	.	2.2.15
NAME OTDEET ADDDESS			5.3	STREE	T ADDRESS	
STREET ADDRESS	3	•	5.4	CITY-S	st-ZIP	
CITY-ST-ZIP	Droze E Oth	☐ DELETE	6.1	TITLE	-	☐ Change ☐ Addition
TITLE	\$23.5 Sept. (1) (1)	<u> </u>		NAME		
NAME	Carl Part	,	6.3	STREE	T ADDRESS	• •
STREET ADDRESS	Ð	•		CITY-S		·

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 of an attachment with a requires, with all other like empowered.

SIGNATURE:

NATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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