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 # V32438

1. Corporation Name

BRODCO, INC.

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90016 018 ***150.00



	and the same of th						## 1811 BIBIL BI?	811 8181) E181	, 8191 f 61911 48 1
Principal Place	e of Business	Mailing Address	Mailing Address						
1111 KANE CO	NCOURSE	1111 KANE CONCOURSE							
SUITE 310		*** = -	SUITE 310			DO NOT WRITE IN THIS SPACE			
BAY HARBOR ISLANDS FL 33154-2041 US		US US	BAY HARBOR ISLANDS FL 33154-2041 US			3. Date Incorporated or Qualifed			
	,					04/29/1992			
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For			
21		26	26			65-0423681 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional
22		27	27			G. Commodic of States 200.00			gednited
City & Stat	е	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28	<u> </u>			Trust Fund Contribution			to Fees
Zip	Country	Zip	Countr	У		8. This corporation owes the curre	ent year Inta	ingible ∐Yes	□No
24	25		30			Personal Property Tax. 10. Name and Address of New R	onistored /		
	9. Name and Address of Curr	ent Registered Agent	8-	1	Name	10. Name and Address of New N	egistereu z	-gone	
RR∩	D, GEORGE		Ľ		T T T T T T T T T T T T T T T T T T T				
	KANE CONCOURSE		82 Street Add			ss (P.O. Box Number is Not Accepta	ble)		
	E 310.		83						
	HARBOR ISLANDS FL 33154		0.						
2 /11			84	4	City		FL	85 Zip	Code
···	to the contract Continue 607.0	ED2 and CD7 4ED8 Florida Statuto	c the abov	10-1	named corpor	ration submits this statement for the		ll changing it	s registered
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was au	tnonzea o	v m	ne corporation	's board of directors. I hereby accep	t the appoin	ntment as i	egistered
SIGNATURE					_				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: I				Registered Agent signature require			DATE	D DIDECT	ODC IN 12
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	ICERS ANI	Change	
TITLE	DPST	☐ DELETE	1,1 TITLE					_ onunge	<u></u>
NAME	BROD, GEORGE	HITE O40	1.2 NAME						
STREET ADDRESS	1111 KANE CONCOURSE S		1		ADDRÉSS				
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 3		1.4 CITY-		ZIP			☐ Change	Addition
TITLE		☐ DELETE	2.1 TITLE					_ onenge	
NAME			2.2 NAME						
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP -		— — — — — — — — — — — — — — — — — — —	2, 4 CITY-		-ZIP -		-	Change	Addition
TITLE		☐ DELETE	3.1 TITLE					onange	
NAME			3.2 NAME						
STREET ADDRESS					ADDRESS				
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TITLE		☐ DELETE	4.1 TITLE		Ì				
NAME			4, 2 NAM						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		□ actor	4.4 CITY-		ZIP		·-	☐ Change	e [] Addition
TITLE		☐ DELETE	5.1 TITLE					□ ouang	,
NAME			5.2 NAME						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	<u> </u>		5.4 CITY-		ZIP			Change	e
TITLE		☐ DELETE	6.1 TITLE						, Dyggggg
NAME			6.2 NAME						
STREET ADDRESS			6.3 STRE	ET A	ADDRESS				

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 antitadminent with an podress, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

REQUEERGE BROD, PRESIDENT

3/23/99

305.867.7555

Daytime Phone #