

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

FILED

Mar 26 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **V50443** (3)  
1. Corporation Name  
**THE BROCO GROUP, INC.**

Principal Place of Business <b>4500 NE 35TH ST SUITE 2 OCALA FL 34478-3214 US</b>	Mailing Address <b>4500 NE 35TH ST SUITE 2 OCALA FL 34478-3232 US</b>
--	--



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/14/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
21	Suite, Apt. #, etc.	26	<b>1051 NE 52nd Ave.</b>	4. FEI Number <b>59-3135004</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	<b>Ocala, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	<b>34470</b>	30	<b>USA</b>
25		29		30	

9. Name and Address of Current Registered Agent

**SHERWOOD, CECIL JERRY  
4500 NE 35TH ST  
SUITE 2  
OCALA FL 34479**

10. Name and Address of New Registered Agent

81	Name	<b>SHERWOOD, CECIL JERRY</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>8247 SE 12th COURT</b>
83	City	<b>OCALA, FL</b>
84	Zip Code	<b>FL 34480</b>

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 **CECIL JERRY SHERWOOD**

(NOTE: Registered Agent signature required when first stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHERWOOD, CECIL JERRY</b>	1.2 NAME	
STREET ADDRESS	<b>8247 SE 12TH COURT</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OCALA FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VSTD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHERWOOD, DOUGLAS JAMES</b>	2.2 NAME	
STREET ADDRESS	<b>1051 NE 52ND AVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OCALA FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>PD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILBANKS, WALTER DEAN</b>	3.2 NAME	
STREET ADDRESS	<b>9030 E BLUEWATER DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLARKSTON MI</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: **Douglas J. Sherwood** **DOUGLAS J. SHERWOOD** **3/14/97** **(352) 236-4616**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)