

ORIGINAL

020901-TC

251307

1. Name of company or name of individual (not fictitious name or d/b/a): BROMAN, INC. \$100.00 MC

2. Name under which applicant will do business (fictitious name, etc.): BROMAN, INC.

3. Official mailing address:  
Street: 19201 COLLINS AVE, UNIT #5  
P.O. Box: \_\_\_\_\_  
City: Sunny Isles Beach  
State: FLORIDA Zip: 33160

4. Florida address:  
Street: 19201 COLLINS AVE, UNIT #5  
P.O. Box: \_\_\_\_\_  
City: Sunny Isles Beach  
State: FLORIDA Zip: 33160

5. Structure of organization:  
( ) Individual  
 Corporation  
( ) General Partnership  
( ) Limited Partnership  
( ) Other: \_\_\_\_\_

	<b>DEPOSIT</b>	<b>DATE</b>
	D245	AUG 20 2002

6. If incorporated in Florida, provide proof of authority to operate in Florida:  
**Florida Secretary of State**  
**Corporate Registration Number:** F01000001000

- AUS \_\_\_\_\_
- CAF \_\_\_\_\_
- DMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- MMS \_\_\_\_\_
- SEC I
- OTH \_\_\_\_\_

Form PSC/CMU-32 (02/99)  
Required by Commission Rule Nos. 25-24.510 & 25-24.511  
File Name: cmu-32.doc