

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Matham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **414742** (7)

1. Corporation Name
FIRST FUND BROWARD, INC.



Principal Place of Business: **1428 BRICKELL AVE #105 MIAMI FL 33131**
 Mailing Address: **1428 BRICKELL AVE #105 MIAMI FL 33131**

2. Principal Place of Business	2a. Mailing Address
21 []	26 []
22 State, Apt. #, etc.	27 State, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 County	30 County

3. Date Incorporated or Qualified 12/15/1972	3a. Date of Last Report 03/16/1995
4. FEI Number 59-1449432	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HALPRYN ERNEST M
 1428 BRICKELL AVE STE 105
 MIAMI FL 33131**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.07 and 607.15(3), 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 Sections 607.07(3) Florida Statutes.

SIGNATURE

Signature of New Registered Agent (see Section 607.07(3), Florida Statutes)

Signature of Registered Agent (see Section 607.07(3), Florida Statutes)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HALPRYN, ERNEST M.	
STREET ADDRESS: 1428 BRICKELL AVE, STE 105	
CITY, ST, ZIP: MIAMI FL	
TITLE: STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LABIANCA, PHILIP	
STREET ADDRESS: 1428 BRICKELL AVE, STE 105	
CITY, ST, ZIP: MIAMI FL	
TITLE: VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DE VECCHI, JOHN	
STREET ADDRESS: 1428 BRICKELL AVE, STE 105	
CITY, ST, ZIP: MIAMI FL	
TITLE: AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WEISBERG, ALAN J.	
STREET ADDRESS: 1428 BRICKELL AVE #105	
CITY, ST, ZIP: MIAMI FL	
TITLE: [] DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY, ST, ZIP:	
TITLE: [] DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY, ST, ZIP:	

14. I do hereby certify that the information supplied herein is true and correct, and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information made available on this annual report or supplemental annual report as 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; and that the officer or director responsible for executing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes in or on an annual report with an address.

SIGNATURE: *Ernest M. Halpryn*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ERNEST M. HALPRYN PRESIDENT

3/19/96 (305) 371 4112

CR2E034 (12/95)