

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P93000075532 (0)

1. Corporation Name

3311 W. BROWARD CORP.

Principal Place of Business

11400 STATE ROAD 84  
DAVIE FL 33325

Mailing Address

11400 STATE ROAD 84  
DAVIE FL 33325

100001426141  
-03/10/95--01041--008  
\*\*\*208.75 \*\*\*208.75

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified: 11/01/1993  
3a. Date of Last Report: 02/01/1994

4. FEI Number: APPLIED FOR  
Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 3311 W. BROWARD Blvd        | 26 SAME                |
| 22 Suite, Apt. #, etc.         | 27 Suite, Apt. #, etc. |
| 23 FT LAUDERDALE, FL           | 28                     |
| 24 Zip 33311                   | 29 Country BROWARD     |

9. Name and Address of Current Registered Agent

COOK, KEVIN C  
11400 STATE ROAD 84  
DAVIE FL 33325

10. Name and Address of New Registered Agent

|   |              |
|---|--------------|
| 81 Name   | KEVIN C COOK |
| 82 Street Address (P.O. Box Number is Not Acceptable) | SAME         |
| 83  |              |
| 84 City   | FL           |
| 85 Zip Code   |              |

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 \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title of Applicant) (NOTE: Registered Agent Signature required when resigning) (DATE)

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------|---|---|
| TITLE                      | DP                     | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COOK, KEVIN C          | 1.2 NAME  |   |
| STREET ADDRESS             | 90 NW 128TH AVE        | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | PLANTATION FL          | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DVP                    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COSTELLO, JAMES J. JR  | 2.2 NAME  |   |
| STREET ADDRESS             | 700 NW 100 TERRACE     | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | PLANTATION FL          | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DT                     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MILLER, JEREL M.       | 3.2 NAME  |   |
| STREET ADDRESS             | 765 NW 101 TERR        | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | PLANTATION FL          | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DS                     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COSTELLO, JAMES J. SR. | 4.2 NAME  |   |
| STREET ADDRESS             | 8801 NW 8TH CT         | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | PLANTATION FL          | 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 solemnly certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.034, 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPE OF OFFICIAL NAME OF CURRENT OFFICER/DIRECTOR: James J. Costello Jr. Pres. U.P.  
 SIGNATURE AND TYPE OF OFFICIAL NAME OF NEW OFFICER/DIRECTOR: Kevin C. Cook Pres. U.P.  
 DATE: 3/8/95  
 FILE NO: 3053839501