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**Jan 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000075532 (0)

1. Corporation Name:
3311 W. BROWARD CORP.



Principal Place of Business
**3311 WEST BROWARD BLVD.
FT. LAUDERDALE FL 33311**

Mailing Address
**3311 WEST BROWARD BLVD.
FT. LAUDERDALE FL 33312-1114**

3. Date Incorporated or Qualified: **11/01/1993**
3a. Date of Last Report: **01/23/1996**

2. Principal Place of Business

2a. Mailing Address

21 **3311 West Broward Blvd**
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22

27

23 **FT LAUDERDALE FL**
City & State

28 City & State

24 **33312** Zip
25 **USA** Country

29 Zip
30 Country

4. FEI Number: **65-0469360**
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAMES J. COSTELLO, JR.
10261 W. BROWARD BLVD.
PLANTATION FL 33324**

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

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]* DATE: **12/29/96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	COOK, KEVIN C	
STREET ADDRESS	90 NW 128TH AVE	
CITY - ST - ZIP	PLANTATION FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	COSTELLO, JAMES J. JR	
STREET ADDRESS	700 NW 100 TERRACE	
CITY - ST - ZIP	PLANTATION FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MILLER, JEREL M.	
STREET ADDRESS	765 NW 101 TERR	
CITY - ST - ZIP	PLANTATION FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	COSTELLO, JAMES J. SR.	
STREET ADDRESS	6801 NW 8TH CT	
CITY - ST - ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	KEVIN C. Cook	
13 STREET ADDRESS	13030 NW 5TH ST	
14 CITY - ST - ZIP	PLANTATION, FL 33325	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	JEREL M MILLER	
33 STREET ADDRESS	9830 SW 15TH DRIVE	
34 CITY - ST - ZIP	DAVIE, FL 33324	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *[Signature]* DATE: **1/3/97** (954) 583 9501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)