

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:42

DOCUMENT # P94000028713 (3)

1. Corporation Name

BROADWAY MANAGEMENT, INC.

Principal Place of Business
**8261 NW 14 COURT
PEMBROKE PINES FL 33024**

Mailing Address
**8261 NW 14 COURT
PEMBROKE PINES FL 33024**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/12/1994** 3a. Date of Last Report

4. FEI Number **65-0488085** Applied For Not Applicable

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

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under C. 199.032, Florida Statutes Yes No

21	2. Principal Place of Business	2a.	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
	Country		Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DURIS, ANNE S
8261 NW 14 COURT
PEMBROKE PINES FL 33024**

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 (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	DURIS, ANNE S
STREET ADDRESS	8261 NW 14 COURT
CITY ST ZIP	PEMBROKE PINES FL 33024
TITLE	D
NAME	DURIS, GUY R
STREET ADDRESS	8261 NW 14 COURT
CITY ST ZIP	PEMBROKE PINES FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1	NAME	
1	STREET ADDRESS	
1	CITY ST ZIP	
2	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
2	STREET ADDRESS	
2	CITY ST ZIP	
3	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3	NAME	
3	STREET ADDRESS	
3	CITY ST ZIP	
4	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4	NAME	
4	STREET ADDRESS	
4	CITY ST ZIP	
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5	NAME	
5	STREET ADDRESS	
5	CITY ST ZIP	
6	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
6	STREET ADDRESS	
6	CITY ST ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 (checked), or on an attachment with an address.

SIGNATURE: *Anne Duris*
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR

4/27/95 435-0582
DATE TELEPHONE #