

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 05 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 # P94000028713 (3)**

1. Corporation Name  
**BROADWAY MANAGEMENT, INC.**



Principal Place of Business  
**9261 NW 14 COURT  
PEMBROKE PINES FL 33024**

Mailing Address  
**9261 NW 14 COURT  
PEMBROKE PINES FL 33024-4545**

3. Date Incorporated or Qualified **04/12/1994** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business  
21 **18733 NW 23 ST**

2a. Mailing Address  
26 **18733 NW 23 ST**

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

22 Suite, Apt. #, etc.  
23 **Pembroke Pines, FL**

27 Suite, Apt. #, etc.  
28 **Pembroke Pines, FL**

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

24 **33029** 25 Country

29 **33029** 30 Country

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  
**DURIS, ANNE S  
9261 NW 14 CT.  
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent  
81 Name **SAME**  
82 Street Address (P.O. Box Number is Not Acceptable) **18733 NW 23 ST**  
83  
84 **Pembroke Pines** FL 85 Zip Code **33029**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DURIS, ANNE S</b>	1.2 NAME
STREET ADDRESS	<b>9261 NW 14 COURT</b>	1.3 STREET ADDRESS <b>18733 NW 23 ST</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	1.4 CITY-ST-ZIP <b>PEMBROKE PINES, FL 33029</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DURIS, GUY R</b>	2.2 NAME
STREET ADDRESS	<b>9261 NW 14 COURT</b>	2.3 STREET ADDRESS <b>18733 NW 23 ST</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	2.4 CITY-ST-ZIP <b>PEMBROKE PINES, FL 33029</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 \_\_\_\_\_ DATE **11/21/97** **951 435 0502**

CR2E034 (9/96)