

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

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

95 JAN 27 PM 4:02

**DOCUMENT # P94000056901 (9)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name  
**311 BROWARD DIRECT, INC.**

Principal Place of Business Mailing Address  
**TWO SOUTH UNIVERSITY DR., STE. 325  
PLANTATION FL 33324** **TWO SOUTH UNIVERSITY DR., STE. 325  
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/02/1994** 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		62-1574655		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FIRESTONE, GEORGE  
TWO SOUTH UNIVERSITY DR., STE. 325  
PLANTATION FL 33324**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
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 if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Sanford Bosen
STREET ADDRESS		1.3 STREET ADDRESS	3300 N.E. 192 Street, #1602
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE		2.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	David Krop
STREET ADDRESS		2.3 STREET ADDRESS	2001 N.E. 195 Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	No. Miami Bch, FL 33179
TITLE		3.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Nola Firestone
STREET ADDRESS		3.3 STREET ADDRESS	10414 Bermuda Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Cooper City, FL 33026
TITLE		4.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	George Firestone
STREET ADDRESS		4.3 STREET ADDRESS	10414 Bermuda Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Cooper City, FL 33026
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 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)(b), Florida Statutes. I further certify that the information included 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 by an attachment with an address.

SIGNATURE:

*DAVID R. KROP*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

1/20/95 (305) 475-3111