

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

FILED
Apr 29 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 # P96000067576 (4)
 1. Corporation Name
BROWARD INVESTMENT GROUP, INC.



Principal Place of Business 3021 NO OAKLAND FOREST DRIVE STE 208 FORT LAUDERDALE FL 33309	Mailing Address 3021 NO OAKLAND FOREST DRIVE STE 208 FORT LAUDERDALE FL 33309-7639
---	--

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/12/1996	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0706243	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KOLO, JERRY 3021 NO OAKLAND FOREST DRIVE STE 208 FORT LAUDERDALE FL 33309		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	D DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLO, JERRY	1.2 NAME	KOLO, JERRY
STREET ADDRESS	3021 NO OAKLAND FOREST DRIVE STE 208	1.3 STREET ADDRESS	3021 N. OAKLAND FOREST DR STE 208
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE		2.1 TITLE	P PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	KHOLZ, RUPERT
STREET ADDRESS		2.3 STREET ADDRESS	2912 COLLEGE AVENUE # G
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DAVIE, FL 33314
TITLE		3.1 TITLE	S SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	LISA M. ROGERS
STREET ADDRESS		3.3 STREET ADDRESS	1733 SW 4TH STREET
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DANIA, FL 33004
TITLE		4.1 TITLE	T TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	WINIFRED MCPHERSON
STREET ADDRESS		4.3 STREET ADDRESS	2681 NW 24TH TERRACE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE		5.1 TITLE	D DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	JERRY CARTER
STREET ADDRESS		5.3 STREET ADDRESS	1291 NW 6TH STREET
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FORT LAUDERHILL, FL 33311
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 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: *Winifred McPherson* 3/26/97 831-8336

CR2E034 (9/96)