

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 185083 (3)

95 MAR 14 AM 7:56

1. Corporation Name
BROADVIEW PARK WATER COMPANY

Principal Place of Business
1955 S W 50 AVE
FT LAUDERDALE FL 33317

Mailing Address
1955 S W 50 AVE
FT LAUDERDALE FL 33317

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/09/1955	3a. Date of Last Report 03/30/1994
4. FEI Number 59-0745265	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. 109.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
SCHWAB, MICHAEL H
1955 S W 50TH AVE
FORT LAUDERDALE FL 33317

10. Name and Address of New Registered Agent
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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME MISHOE, GARY L. (ASST)	12.2 STREET ADDRESS 12751 SW 47 ST RD OCALA FL 17	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☐ Change ☐ Addition
12.3 NAME PDT MICHAEL, ISIDOR	12.4 STREET ADDRESS 3400 S. OCEAN DR. #3F PALM BCH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
12.5 NAME	12.6 STREET ADDRESS	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
12.7 NAME	12.8 STREET ADDRESS	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
12.9 NAME	12.10 STREET ADDRESS	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
12.11 NAME	12.12 STREET ADDRESS	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information submitted 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 by 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 of this report or on a subsequent filing with an address.

SIGNATURE: Michael H. Schwab MICHAEL H. SCHWAB 3/9/95 (305) 583-4223