Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90194 031 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 185083

1. Corporation BROADV	/IEW PARK WATER COMP	ANY						
Principal Place of Business Mailing Address							II WHUIH DEDIN DIWIH DI	JEL MANAL HAND
1955 S W 50 AVE		1955 S W 50 A	1955 S W 50 AVE					
FT LAUDERDALE FL 33317		FT LAUDERDALE FL 33317				DO NOT WRITE IN TH	IC CDACE	
US		US				3. Date Incorporated or Qualifed		
						05/09/1955		į
2. Principal Place of Business		2a. Mailing Add	dress			4. FEI Number	App	lied For
21		26				59-0745265	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired	\$8.75 As	
22		27				3. Certificate of Status Desired	Fee Req	uired
City & Stat	de	City & Stat	e			6. Election Campaign Financing Trust Fund Contribution	\$5.00 iv Added to	
Zip	Country	Zip		Country		8. This corporation owes the current year	Intangible	
24	25	29	30	1		Personal Property Tax.		∃No
	9. Name and Address of Curre			<u>'</u>		10. Name and Address of New Register	d Agent	
SCHWAB, MICHAEL H 1955 S W 50TH AVE FORT LAUDERDALE FL 33317				81 82 83	Name Street Add	ress (P.O. Bo): Number is Not Acceptable)		
				84	City		85 Zip Co	ode
office () r agent. I a SIGNATUF:E	registered agent, or both, in the Statum familiar with, and accept the oblig	gat ons of, Section 607	7.0505, Florida	Statutes		on's board of directors. I hereby accept the appearance of the property of the		
12.		NO DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12
TITLE	PDT		☐ DELETE 1.1 T				☐ Change	☐ Addition
NAME	MICHAEL, ISIDOR			12 NAME				ŀ
STREET ADDRESS			1.3 STREET	ADDRESS				
CITY-ST-ZIP	PALM BCH FL 1.4		1.4 CITY-S7	r-ZiP				
TITLE	D		☐ DELETE 2.1 T				Change	☐ Addition
NAME	SCHWAB, MICHAEL		2.2 N					
STREET ADDRESS	1955 S W 50 AVE			2.3 STREET	ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33317	T LAUDERDALE FL 33317 2.4		2. 4 CITY-S	T-ZIP			
TITLE	☐ DELETE 3:		3.1 TITLE			Change	☐ Addition	
NAME	į			32 NAME				
STREET ADDRESS				3 3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP				
TITLE	☐ DELETE 4:		4.1 TITLE			Change	☐ Addition	
NAME				4. 2 NAME				İ
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP			44 CITY-ST	r-ZIP				
TITLE			DELETE	51 TITLE			Change	Addition
NAME					1			l
				5.2 NAME				
STREET ADDRESS				53 STREET				
STREET ADDRE 3S CITY-ST-ZIP			DELETE				Change	Addition

CITY-ST-ZIP 14. Thereby 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 receiper or pastee employered 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 attack ment and other like empowered.

SIGNING OFFICE OR DIRECTOR

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

□ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRE 3S

4-23-99