FILE NOW: FILING FEE AFTER MAY 1 18 \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION ٢ Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (1)**DOCUMENT #** 187969 1. Corporation Name **BROADVIEW INC** Principal Place of Business Mailing Address 1955 S.W. 50TH AVE. 1955 S.W. 50TH AVE. FT. LAUDERDALE FL 33317 FT. LAUDERDALE FL 33317 3a. Date of Last Report 3. Date Incorporated or Qualified 09/23/1955 03/14/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-0759000 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Zio Florida Statutes ☐ Yes ☐ No 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) SCHWAB, MICHAEL H 82 1955 S.W. 50TH AVE. 83 FT. LAUDERDALE FL 33317 Zip Code 85 84 City 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 (NOTE: Recistered Agent signature required when reinstating). Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Addition DIRECTOR DELETE 1 1 TITLE TITLE MICHAEL H. SCHWAB 1955 SW 50 AVE. MICHAEL H. MICHAEL, HENRIETTA 12 NAME NAME 3400 S. OCEAN BLVD., #3F 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE, FL 33317 PALM BEACH FL 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE PD 2. 1 TITLE TITLE MICHAEL, I 2.2 NAME NAME 3400 S. OCEAN BLVD., #3F 2.3 STREET ADDRESS STREET ADDRESS PALM BEACH FL 2.4 CITY - \$1 - ZIP CITY-ST-ZIP □ Change Addition □ DELETE 3.1 TITLE STD TITLE DONNER, EDWARD 3.2 NAME NAME \$00001753259 -03/21/96--01093---001 3555 S. OCEAN BLVD., #14 3.3. STREET ADDRESS STREET ADDRESS PALM BEACH FL 3.4 CITY - ST - ZIP CITY-ST-ZIP ***200.00 Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C/TY - ST - Z/P CITY-ST-ZIP Addition Change DELETE 5 1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6. 1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 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)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental argual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or try sees in provided to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or open at the mention of the corporation of the cor

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 - 09-10 (954) 383-720
Date Lisytine Prone #

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