PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS			
 Corporation 	HEAST BROACH CO., INC.	Mailing Address	· · · · · · · · · · · · · · · · · · ·		
		1420 N. W. 65 AVE. Plantation FL 3331	3		
				3. Date Incorporated or Qualified 12/13/1961	3a. Date of Last Report 05/01/1995
2. Principa! Pl	ace of Business	2a. Mailing Address 26		4. FEI Number 59-0966902	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desireci	\$8.75 Additional
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	Fee Required \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Gountry 30	8. This corporation has liability for i Florida Statutes X Yes	ntang:ble tax under s 199.032,
	g. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
1420 NV	Y, JOHN J N 65 AVENUE 10N FL 33313		82 Street Add	ress (P.O. Box Number is Not Acceptable	ie)
familiar wit	th, and accept the obligations of, Sect	tion 607.0505, Florida Statutes		ration submits this statement for the purp rd of directors. Thereby accept the appo	PL 85 Zip Code cose of changing its registered office- intment as registered agent. I am
12.	Signature, typed or pointed name of registerist age if OFFICERS AN	rand the it applicates (b). D.DIRECTORS	Fit. Fragistered Agent signature require	at wher renstating: ADDITIONS/CHANGES TO OFF)	CERS AND DIFFECT ODS IN 10
TITLE	PD POTTING LEGILE	☐ DECETE	1 TITLE	ABBITTONS OF INTOLS TO OFF)	Change Addition
NAME STREET ACORESS CITY-ST-ZIP	BITTING, LESLIE 1420 NW 65TH AVENUE PLANTATION, FL 00000		1.2 NAME 1.3 STREET ADDRESS		CERS AND DIRECTORS IN 12 Change Addition (\$672)
TITLE	STD	DELETE	1.4 C(TY - ST - Z(P) 2.1 Y(T) E		☐ Change ☐ Addition
name Street address	MURRAY, JOHN J. 1420 NW 65 AVE		2.2 NAME 2.3 STREET ADDRESS		
TITLE	PLANTATION FL D	☐ DELETE	24 CITY - ST - 7IP 3 1 TIT, E		Change Addition
NAME STREET ADDRESS	MCCARROLL, RAYMOND A 1420 NW 65 AVE		3.2 NAME 3.3 STREFT ADDRESS		
CITY-ST-ZIP TITLE	PLANTATION FL D	□ DELETE	3.4 CITY - ST-7IP 4.1 TITLE	<u></u>	Change Addition
NAME	WHEELER, THOMAS M.	_	4.2 NAME		C vienge C Adomor
STREET ADDRESS CITY-ST-ZIP	1420 NW 65 AVE PLANTATION FL		4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	5 1 TITLE		Change Addition
NAME STREET ADDRESS	WHEELER, THOMAS R. 1420 NW 65 AVE		5.2 NAME 5.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	PLANTATION FL D	DELETE	5.4 CHY+ST-ZIP 6.1 TITLE		Chara Calabra
NAME STREET ADDRESS	CARTNER, DAVID 1420 NW 65 AVE	_ Section	6.2 NAME		Change Addition
CITY-S1-ZIP	PLANTATION FL		6.3 STREET ADDRESS 6.4 CITY+ST-ZIF		
14. I do hereby certify that oath; that I appears in	certify that the information supplied vithe information indicated on this annu- ann an officer or director of the corpo- Block 12 or Block 13 if chapter, or c	with this filing is voluntarily furn ial report or supplemental anni ration or the receiver of truste on an attachment with an addr		or the exemption stated in Section 119.0 te and that my signature shall have the s s report as required by Chapter 607, Flo	
SIGNAT	URE:	PRINTED NAME OF SIGNING OFFICE	ROB DIRECTOR PRESIL	DENT/DIR 4/29/96 (95	(4)584 - 0960 Dupline Prome 1