

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

97 JUL 30 PM 1:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 341703 (7) *97-AR CM*

1. Corporation Name
999 OF BROWARD INC

Principal Place of Business 6540 WEST SUNRISE BLVD. PLANTATION FL 33313	Mailing Address 6540 WEST SUNRISE BLVD. PLANTATION FL 33313
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 02/17/1969	3a. Date of Last Report 02/08/1996
4. FEI Number 59-1286482	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ZEIMBA, ALBERT J
~~6100 BANYAN TERR~~
PLANTATION 33317

NEW ADDRESS -----

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 6540 W SUNRISE BLVD
83
84 City PLANTATION
85 Zip Code FL 33313

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: Registered Agent; signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T <input type="checkbox"/> DELETE
NAME	COURT, GEORGE
STREET ADDRESS	541 NW 65TH AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL00000
TITLE	D <input type="checkbox"/> DELETE
NAME	COURT, GEORGE
STREET ADDRESS	541 NW 65TH AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL00000
TITLE	D <input type="checkbox"/> DELETE
NAME	ZIEMBA, ALBERT
STREET ADDRESS	6100 BANYAN TERR 6540 W SUNRISE BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL00000
TITLE	P <input type="checkbox"/> DELETE
NAME	ZIEMBA, ALBERT
STREET ADDRESS	6100 BANYAN TERR 6540 W SUNRISE BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	600002258996--B
3.4 CITY-ST-ZIP	-08/06/97--D1033--001
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	****165.00 ****165.00
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

first notice withdrawn

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 _____ DATE **7-27-97** *999-9170*

CR2E034 (4/97)