

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **423884** (6)
1. Corporation Name
SOUTH BROWARD UTILITY, INC.



Principal Place of Business: **% RONALD F. STORY
1408 N. WESTSHORE BLVD., SUITE 908
TAMPA FL 33607
US**

Mailing Address: **C/O STEPHEN F. STORY
1408 N WESTSHORE BLVD #908
TAMPA FL 33607
US**

3. Date incorporated or Qualified: **04/19/1973**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-1886980**

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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 Stephen F. Story**
Suite, Apt. #, etc.

22 **1408 N. Westshore Blvd.,**
City & State: **Tampa, Fl**

23 **Tampa, Fl**

24 Zip: **33607**

25 Country: **US**

26 Mailing Address: **26**

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent
**STORY, STEPHEN F.
1408 N. WESTSHORE BLVD.
SUITE 908
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: **FL**

85 Zip Code

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 not signing)

12. OFFICERS AND DIRECTORS

TITLE	DVS	<input type="checkbox"/> DELETE
NAME	STORY, STEPHEN F.	
STREET ADDRESS	1408 N. WESTSHORE BLVD., SUITE 908	
CITY - ST - ZIP	TAMPA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, NORMA	
STREET ADDRESS	1408 N WESTSHORE BL 908	
CITY - ST - ZIP	TAMPA FL	
TITLE	DVAS	<input checked="" type="checkbox"/> DELETE
NAME	STORY, STEPHEN F.	
STREET ADDRESS	1408 N WESTSHORE BLV 908	
CITY - ST - ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GOODELL, THOMAS W	
STREET ADDRESS	7198 BENEVA RD	
CITY - ST - ZIP	SARASOTA FL	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	CAPPELLO, VALARIE G.	
STREET ADDRESS	1408 N W-SHORE BLVD 908	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 checked="" type="checkbox"/> Addition
2.2 NAME	TAS Cassidy, Eugene F.
2.3 STREET ADDRESS	1408 N. Westshore Blvd., Suite 908
2.4 CITY - ST - ZIP	Tampa, Fl 33607
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	AS Tramontano, Lillian
3.3 STREET ADDRESS	1408 N. Westshore Blvd., Suite 908
3.4 CITY - ST - ZIP	Tampa, Fl 33607
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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	

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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 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 its 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: *Stephen F. Story* Director February 9, 1996 (813) 287-0023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)