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97 FEB 12 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 489214 (7)
1. Corporation Name: **CENTRAL BROWARD CONSTRUCTION, INC.**

Principal Place of Business 931 N W 53 CT FT LAUDERDALE FL 33309	Mailing Address 931 N W 53 CT FT LAUDERDALE FL 33309-3106
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3. Date Incorporated or Qualified 11/10/1975	3a. Date of Last Report 04/23/1996
4. FEI Number 59-1630388	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**LORD, KENNETH I
2835 NE 35TH ST
FT LAUDERDALE, FL
33306**

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 _____ DATE _____
Signatures typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PO <input type="checkbox"/> DELETE
NAME	LORD, KENNETH I
STREET ADDRESS	2835 NE 35TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL 00000
TITLE	ST <input type="checkbox"/> DELETE
NAME	LORD, KENNETH I
STREET ADDRESS	2835 NE 35TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL 00000
TITLE	EVP <input type="checkbox"/> DELETE
NAME	NEWELL, ROBERT V.
STREET ADDRESS	10322 S.W. 50TH AVE.
CITY-ST-ZIP	COOPER CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LORD, GAYLE A.
STREET ADDRESS	2835 NE 35TH ST.
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	ECKENRODE, JAMES V.
STREET ADDRESS	17088 133RD TRAIL NORTH
CITY-ST-ZIP	JUPITER 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 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	
3.4 CITY-ST-ZIP	
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	

J. Alan
2/2/97

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*****660.00**

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: *Kenneth Lord* **KENNETH LORD 2-3-97 954-491-2222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)