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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|   |   |  |
|---|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam,</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **489214** (7)  
1. Corporation Name  
**CENTRAL BROWARD CONSTRUCTION, INC.**

|  |   |
|--|---|
| Principal Place of Business<br><b>931 N W 53 CT<br/>FT LAUDERDALE FL 33309</b> | Mailing Address<br><b>931 N W 53 CT<br/>FT LAUDERDALE FL 33309-3106</b> |
|--|---|

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |  | 3. Date Incorporated or Qualified<br><b>11/10/1975</b>   | 3a. Date of Last Report<br><b>04/23/1996</b> |
|   |  |  |  | 4. FEI Number<br><b>59-1630388</b>   | Applied For<br>Not Applicable                |
|   |  |  |  | 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required        |
|   |  |  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> 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 |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

|  |  |   |    |             |
|--|--|---|----|-------------|
| LORD, KENNETH I<br>2835 NE 35TH ST<br>FT LAUDERDALE, FL<br>33306 |  | 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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | PO<br>LORD, KENNETH I<br>2835 NE 35TH ST<br>FT LAUDERDALE, FL 00000 | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ST<br>LORD, KENNETH I<br>2835 NE 35TH ST<br>FT LAUDERDALE, FL 00000 | 1.2 NAME  |   |
| STREET ADDRESS             | EVP<br>NEWELL, ROBERT V.<br>10322 S.W. 50TH AVE.<br>COOPER CITY FL  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | D<br>LORD, GAYLE A.<br>2835 NE 35TH ST.<br>FT LAUDERDALE FL         | 1.4 CITY-ST-ZIP                                       |   |
|                            | VP<br>ECKENRODE, JAMES V.<br>17088 133RD TRAIL NORTH<br>JUPITER FL  | 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                                       |   |

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 2-3-97 954-491-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0269215

CR2E034 (9/96)