


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 576007 (9) 1. Corporation Name BROWARD MANAGEMENT COMPANY			
Principal Place of Business % 50 N. LAURA ST. BARNETT TOWER, MC 099-000-1830 JACKSONVILLE FL 32202 US		Mailing Address % 50 N. LAURA ST. BARNETT TOWER, MC 099-000-1830 JACKSONVILLE FL 32202 US	
2. Principal Place of Business 21 50 North Laura Street Suite, Apt. #, etc. 22 M/C 099-000-0730 City & State 23 Jacksonville, Florida Zip Country 24 32202 25 USA		2a. Mailing Address 26 50 North Laura Street Suite, Apt. #, etc. 27 M/C 099-000-3255 City & State 28 Jacksonville, Florida Zip Country 29 32202 30 USA	
g. Name and Address of Current Registered Agent GHOMESHI, MEDHI % 50 N. LAURA ST., MC 099-000-1830 JACKSONVILLE FL 32202		10. Name and Address of New Registered Agent 81 Name Gary W. England 82 Street Address (P.O. Box Number is Not Acceptable) 50 North Laura Street 83 M/C 099-000-0907 84 City Jacksonville FL 85 Zip Code 32202	
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 obligation of, Section 607.0505, Florida Statutes. SIGNATURE <i>Gary W. England</i> (NOTE: Registered Agent signature required when reinstating) DATE 4-10-97			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP GHOMESHI, MEDHI <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GHOMESHI, MEDHI	1.2 NAME	Small, Lora J.
STREET ADDRESS	50 N. LAURA STREET	1.3 STREET ADDRESS	50 North Laura Street
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORY, DEBORAH	2.2 NAME	Story, Deborah B.
STREET ADDRESS	50 N. LAURA STREET	2.3 STREET ADDRESS	50 North Laura Street
CITY-ST-ZIP	JACKSONVILLE FL 32202	2.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	DSV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DSV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUEROSSE, MARCUS	3.2 NAME	Wilmot, Michael R.
STREET ADDRESS	801 E. HALLANDALE	3.3 STREET ADDRESS	50 North Laura Street
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	DTV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DTV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLANKSTEIN, ALAN	4.2 NAME	Moreland, Michael
STREET ADDRESS	801 E. HALLANDALE	4.3 STREET ADDRESS	2850 North Federal Highway
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	Lighthouse Point, FL 33064
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	



CR2E034 (9/96)

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: *Deborah B. Story* Deborah Story 4/10/97 904-791-5710