214

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 # **692100** (1)

1. Corporation Name

DCA OF BROWARD COUNTY, INC.

Principal Place of Business	Mailing Address
% MORRIS J. WATSKY, ESQ. 700 N.W. 107TH AVENUE, 40TH FLOOR MIAMI FL 33172	% MORRIS J. WATSKY, ESQ. 700 N.W. 107TH AVENUE, 40TH FLOOR MIAMI FL 33172

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **06/26/1981**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2105872** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

WATSKY, MORRIS J., ESQ.
700 N.W. 107TH AVENUE, 40TH FLOOR
MIAMI FL 33172

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, LEONARD		1.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COLE, ROBERT		2.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	TV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SALEDA, M.E.		3.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PEKOR, ALLAN J.		4.2 NAME	100001809751
STREET ADDRESS	700 N.W. 107TH AVE.		4.3 STREET ADDRESS	-03/06/96--31949--025
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	***200.00
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	JAFFE, JONATHAN M.		5.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVE.		5.3 STREET ADDRESS	300001811233
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	-05/07/96--01089--025
TITLE	AS	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SIERRA, KATHLEEN E.		6.2 NAME	***200.00
STREET ADDRESS	700 N.W. 107TH AVE.		6.3 STREET ADDRESS	JV 5.1
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 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: Kathleen E. Sierra Kathleen E. Sierra 4-5-96 (305) 229-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #