

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

FILED

Mar 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/26/1981	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2105872	
24 Country		30 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WATSKY, MORRIS J., ESQ. 700 N.W. 107TH AVENUE, 40TH FLOOR MIAMI FL 33172				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	DC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	COLE, ROBERT		2.2 NAME	P Miller, Stuart A.			
STREET ADDRESS	700 N.W. 107TH AVE.		2.3 STREET ADDRESS	700 N.W. 107 Ave.			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33172			
TITLE	TV	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SALEDA, M.E.		3.2 NAME	Malcolm, Waynewright			
STREET ADDRESS	700 N.W. 107TH AVE.		3.3 STREET ADDRESS	700 NW. 107 Ave.			
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, FL 33172			
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PEKOR, ALLAN J.		4.2 NAME				
STREET ADDRESS	700 N.W. 107TH AVE.		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JAFFE, JONATHAN M.		5.2 NAME				
STREET ADDRESS	700 N.W. 107TH AVE.		5.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SIERRA, KATHLEEN E.		6.2 NAME				
STREET ADDRESS	700 N.W. 107TH AVE.		6.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP				

14. I 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 _____ Kathleen Sierra (205) 229-6400

CR2E034 (10/97)