

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 708037 (7)

1. Corporation Name

BROWARD NEA, INCORPORATED

Principal Place of Business

6950 CYPRESS RD., #206  
PLANTATION FL 33317

Mailing Address

6950 CYPRESS RD., #206  
PLANTATION FL 33317-23613. Date Incorporated or Qualified  
11/02/19643a. Date of Last Report  
01/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

4. FEI Number  
59-1027247

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUDD, SUZAN M.  
6950 CYPRESS RD #206  
PLANTATION FL 33317

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CV  
NAME HOSTO, KAREN  
STREET ADDRESS 161 SE 13TH ST.  
CITY-ST-ZIP POMPAÑO BEACH FLTITLE VCP  
NAME THOMPSON, PATRICIA A.  
STREET ADDRESS 720 NW 15TH WAY  
CITY-ST-ZIP FT. LAUDERDALE FLTITLE T  
NAME HIGGS, VILLIS  
STREET ADDRESS 3521 NW 29TH ST.  
CITY-ST-ZIP LAUDERDALE LAKES FLTITLE DP  
NAME MOORE, BEVERLY  
STREET ADDRESS 4520 NW 16TH ST.  
CITY-ST-ZIP LAUDERHILL FLTITLE S  
NAME WILLIAMSON, TEDDY  
STREET ADDRESS 2952 NW 13TH ST.  
CITY-ST-ZIP FT. LAUDERDALE FLTITLE D  
NAME MATTHEWS, MINNETTE  
STREET ADDRESS 1200 NW 4TH ST.  
CITY-ST-ZIP FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CP  
1.2 NAME HOSTO, KAREN  
1.3 STREET ADDRESS 161 SE 13th Street  
1.4 CITY-ST-ZIP Pompano Bch., FL2.1 TITLE D  
2.2 NAME THOMPSON, PATRICIA A.  
2.3 STREET ADDRESS 720 NW 15th WAY, FT. LAUD., FL3.1 TITLE "Same"  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE "Same"  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE SVP  
5.2 NAME WILLIAMSON, TEDDY  
5.3 STREET ADDRESS 2952 NW 13th St.  
5.4 CITY-ST-ZIP Ft. Laud., FL6.1 TITLE "Same"  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-97

Date

954-584-2494

Daytime Phone # 0036554

CR2E037 (9/96)