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Jan 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

11/02/1964

4. FEI Number

59-1027247

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

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 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

*Suzan M. Rudd*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-7-98

DATE

12. OFFICERS AND DIRECTORS

TITLE PC  
NAME HOSTO, KAREN  
STREET ADDRESS 161 SE 13TH ST.  
CITY-ST-ZIP POMPANO BEACH FL ☐ DELETE

TITLE D  
NAME THOMPSON, PATRICIA A.  
STREET ADDRESS 720 NW 15TH WAY  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE T  
NAME HIGGS, VILLIS  
STREET ADDRESS 3521 NW 29TH ST.  
CITY-ST-ZIP LAUDERDALE LAKES FL ☐ DELETE

TITLE DP  
NAME MOORE, BEVERLY  
STREET ADDRESS 4520 NW 16TH ST.  
CITY-ST-ZIP LAUDERHILL FL ☐ DELETE

TITLE PVS  
NAME WILLIAMSON, TEDDY  
STREET ADDRESS 2952 NW 13TH ST.  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE  
(Disabled--out on disability Leave)

TITLE D  
NAME MATTHEWS, MINNETTE  
STREET ADDRESS 1200 NW 4TH ST.  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS Same  
1.4 CITY-ST-ZIP

2.1 TITLE DV ☒ Change ☐ Addition  
2.2 NAME THOMPSON, PATRICIA A.  
2.3 STREET ADDRESS 720 NW 15th WAY  
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE Same ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE S ☒ Change ☒ Addition  
5.2 NAME HUDDLESTONE, Gregg  
5.3 STREET ADDRESS 7061 NW 8th Court  
5.4 CITY-ST-ZIP Plantation, FL 33317

6.1 TITLE Same ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(f), 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:

*Karen Hosto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-98

Date

954-584-2494

Daytime Phone #

CR2E037 (10/97)