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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F30275

(4)

**BROWARD EQUITY CORPORATION** 

FILED
Apr 25 1997 8:00am
Secretary of State

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Principal Plac	e of Business	Mailing Address			4 idatian tian ritet antid tidit ibaat miii n	Min Sidet Medel &		1811 1881
100 CLEARWAT LARGO FL 346 US		5521 17TH AVE SOUTH GULFPORT FL 33707-4114						
03					3. Date Incorporated or Qualified 05/15/1981	3a. Date o 09/23/1		port
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number	*	Ap	plied For
21		26	************************		59-1724725		<del></del>	Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$	8.75 A Fee Re	dditional quired
City & Stat	e	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to	
Zφ	Country	Zip	Country		8. This corporation has liability for in	itangible tax	under s.	199.032,
24	25		30			Yes 💢 N		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	Istered Age	11	
EAN	es, eva		81	Name				
	I 17TH AVE. SOUTH FPORT FL 33707		82	Street Add	ress (P.O. Box Number is Not Acceptabl	e)		
GOL	11 0111 12 00101		В3	<del></del>				·
			84	City		FL 8	Zip C	ode
11. Pursuant	In the provisions of Sections 607 05	02 and 607 1508. Florida Statute	s the above-	named corr	poration submits this statement for the pu	irnose of che	inging its	registered
office or l agent. La	reg stered agerit, or both, in the State am familiar with, and accept the obliq	e of Florida. Such change was a gations of, Section 607.0505, Flo	uthorized by rida Statutes.	the corpora	tion's board of directors. I hereby accept	the appoint	nent as	egistered
SIGNATURE	Signal-re, typical or printed name of registered as	INOTE	. Final and A		red when reinstating)	DATE		
12.		ND DIRECTORS	13.	egracio regu	ADDITIONS/CHANGES TO OFFIC		RECTOR	S IN 12
THE	D	DELETE	1.1 TITLE				Change	Addition
NAME	EANES, EVA		1.2 NAME				•	
STHEET ADDRESS	5521 17TH AVE., SOUTH		1.3 STREET A	DORESS				
CITY-ST ZIP	GULFPORT FL 33707		1.4 CITY-ST					
TITLE		DELETE	2.1 TITLE	En .			Change	Addition
NAME			2.2 NAME				-	
STREET ADORESS			2.3 STREET A	DORESS				
CHY-ST-7P			2. 4 CITY-ST					
DILE		DELETE	3.1 TITLE	- 411			Change	Addition
NAME			3.2 NAME				•	
STREET ADDRESS			3.3 STREET A	ODRESS				
CITY-ST-ZIP			3.4. CITY-ST					
THE		□ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STHELT ADDRESS			4.3 STREET A	DORESS				
CHY-ST-ZIP			4.4 CITY - ST					
TillE		☐ DELETE	5.1 TITLE	19.2		П	Change	Addition
NAME			5.2 NAME					
			5.3 STREET A	nnpree				
STREET ADORESS								
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST 6.1 TITLE	- I'I'		П	Change	Addition
		L. DECENE	6.2 NAME			لسا	miBa	7.00·((d)
NAM <del>f</del>				bootee				
STREET ADORESS		•	6.3 STREET A					
CITY - ST- 2IF			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 supplied by 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, of on an attachment with an address.

SIGNATURE:

SNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/19/97 (813) 545760