

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F30275
1. Corporation Name

BROWARD EQUITY CORPORATION

Principal Place of Business Mailing Address
5521 - 17TH AVE SOUTH, GULFPORT, FL. 33707

3. Date Incorporated or Qualified 05/15/1981	3a. Date of Last Report 1995
4. FEI Number 591724725	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 100 Clearwater-Largo Road Suite, Apt. #, etc. 22 City & State 23 Largo, FL Zip 24 34640	2a. Mailing Address 26 5521 17th Ave. South Suite, Apt. #, etc. 27 City & State 28 Gulfport, FL Zip 29 33707	Country 25 USA 30 USA
---	--	-----------------------------

9. Name and Address of Current Registered Agent

(resigned)
James Clendening
2505 W. Gardner Court
Tampa, FL. 33611

10. Name and Address of New Registered Agent

81 Name
Eva Eanes
82 Street Address (P.O. Box Number is Not Acceptable)
5521 17th Ave South
83
84 City
Gulfport FL 85 Zip Code
33707

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	Director	<input type="checkbox"/> DELETE
NAME	Eva Eanes	
STREET ADDRESS	5521 17th Ave South	
CITY-ST-ZIP	Gulfport, FL. 33707	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Registered Agent	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	xxxxxx	
1.3 STREET ADDRESS	5521 17th Ave South	
1.4 CITY-ST-ZIP	Gulfport, FL 33707	
2.1 TITLE	xxxxxx	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	xxxxxx	
2.3 STREET ADDRESS	xxxxxx	
2.4 CITY-ST-ZIP	xxxxxx	
No Additional Changes.		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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

DATE

Daytime Phone #

8/15/96 (813) 3457724

CR2E034 (3/96)