

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F41514** (3)

1. Corporation Name
BROWARD EDUCATIONAL CENTER, INC.



Principal Place of Business
**4650 SW 61 AVENUE(DAVIE, FL 33314)
P O BOX 291918
FT LAUDERDALE FL 33329**

Mailing Address
**P O BOX 291918
P O BOX 291918
DAVIE FL 33329
US**

3. Date Incorporated or Qualified 08/24/1981	3a. Date of Last Report 06/09/1995
4. FCI Number 59-2123770	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**FEIN, AUBREY
740 MOCKINGBIRD LN
PLANTATION, FL
33324**

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 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 of Registered Agent, if not Registered Agent, then Registered Agent

(Print Name of Registered Agent, if not Registered Agent, then Registered Agent)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	1.2 NAME	
CITY-STATE-ZIP	CITY-STATE-ZIP	1.3 STREET ADDRESS	
		1.4 CITY-STATE-ZIP	
TITLE	NAME	2.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	2.2 NAME	
CITY-STATE-ZIP	CITY-STATE-ZIP	2.3 STREET ADDRESS	
		2.4 CITY-STATE-ZIP	
TITLE	NAME	3.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	3.2 NAME	
CITY-STATE-ZIP	CITY-STATE-ZIP	3.3 STREET ADDRESS	
		3.4 CITY-STATE-ZIP	
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	4.2 NAME	
CITY-STATE-ZIP	CITY-STATE-ZIP	4.3 STREET ADDRESS	
		4.4 CITY-STATE-ZIP	
TITLE	NAME	5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	5.2 NAME	
CITY-STATE-ZIP	CITY-STATE-ZIP	5.3 STREET ADDRESS	
		5.4 CITY-STATE-ZIP	
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	6.2 NAME	
CITY-STATE-ZIP	CITY-STATE-ZIP	6.3 STREET ADDRESS	
		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied on this form 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 607, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUBREY FEIN

8/16/96

305 584-1100

Daytime Phone #

CR2E034 (12/95)