FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

[illegible] 1 [illegible]:07

[illegible] STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G22409 (8)

1. Corporate Name
BROWARD TRADE CENTRE SOUTH, INC.

Principal Place of Business
2255 GLADES RD #219A
BOCA RATON FL 33431

Mailing Address
2255 GLADES RD #219A
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 01/19/1983
3a. Date Last Report: 05/01/1994

4. FEI Number: 59-2262068 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Federal Contraband Forfeiture Trust Fund Contribution — $5.00 May Be Added to Fees

2. Principal Place of Business
21
22
23
24 25

2a. Mailing Address
26
27
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29 30

8. Does anyone own, or intend to own, 10% or more of the corporate stock? Yes / No

9. Name and Address of Current Registered Agent

KNIGHT, WILLIAM L.
2255 GLADES RD, SUITE 219A
BOCA RATON FL 33431

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 section 607.0505, Florida Statutes, the undersigned corporation submits the following statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

12. Officers and Directors

Title	PDC
Name	KNIGHT, WILLIAM L.
Address	2255 GLADES RD #219A
City-St-Zip	BOCA RATON FL
Title	S
Name	KNIGHT, WILLIAM L., II
Address	2255 GLADES RD #219A
City-St-Zip	BOCA RATON FL
Title	V
Name	KNIGHT, JAMES
Address	2255 GLADES RD. #219A
City-St-Zip	BOCA RATON FL
Title	T
Name	BLECH, DAVID R.
Address	2255 GLADES RD #219A
City-St-Zip	BOCA RATON FL

13. Additions, Changes to Officers and Directors

Title		Change	Add
Name			
Address			
City-St-Zip			
Title		✓	
Name	DELETE		
Address			
City-St-Zip			
Title			
Name			
Address			
City-St-Zip			
Title	S/T	✓	
Name			
Address			
City-St-Zip			
Title			
Name			
Address			
City-St-Zip			
Title			
Name			
Address			
City-St-Zip			

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: D. Blech DAVID R. BLECH 4/25/95 (407) 241-1000
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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