

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K35941** (9)
1. Corporation Name
SOUTH BROWARD BRACE, INC.

Principal Place of Business
**3500 TYLER STR
HOLLYWOOD FL 33021
US**

Mailing Address
**PO BOX 282615
DAVIE FL 33329
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/29/1988	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0106778	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	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
25. g. Name and Address of Current Registered Agent				30. 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PETTI, VINCENT -10840 NW 21 CT- PEMBROKE PINES FL 33024		10. Name and Address of New Registered Agent	
		81. Name Petti, Vincent	
		82. Street Address (P.O. Box Number is Not Acceptable) 5900 SW 164 Terrace	
		83. City	
		84. City Ft. Lauderdale	85. Zip Code FL 33331

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 of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	POD	1.1 TITLE	PSD
NAME	PETTI, VINCENT T.	1.2 NAME	Petti, Vincent T.
STREET ADDRESS	-10840 NW 21 CT-	1.3 STREET ADDRESS	5900 SW 164 Terrace
CITY - ST - ZIP	PEMBROKE PINES FL	1.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33331
TITLE	V	2.1 TITLE	VT
NAME	PETTI, KAREN	2.2 NAME	Petti, Karen
STREET ADDRESS	-10840 NW 21 CT-	2.3 STREET ADDRESS	5900 SW 164 Terrace
CITY - ST - ZIP	PEMBROKE PINES FL	2.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33331
TITLE	S	3.1 TITLE	
NAME	PETTI, ROBERT	3.2 NAME	
STREET ADDRESS	1821 N. 73 AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(i), 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:

4/15/98

CR2E034 (10/97)