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 # K67296

(9)

BROADS INVESTMENTS, INC.

`

Principal Place of Business

485 N UNIVERSITY DR PLANTATION FL 33324 Mailing Address

465 N UNIVERSITY DR PLANTATION FL 33324-1480

FILED Apr 23 1997 8:00am Secretary of State



PLANIATION F	C 33324	US PLANTATION FL 33324-1480		1	
		•		3. Date Incorporated or Qualified 02/21/1989	3a. Date of Last Report 04/23/1996
	lace of Business	2a. Mailing Address	22141 0	4. FEI Number	Applied For
21 2343		56 9313 UM.	34th Ave	59-2933921	Not Applicable
Suite, Apt		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City & State		City & State 28 CCOnut (RESEL IFLA	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3306	Country Co 25 COROLLARO	Zip	Country BUSWARD	8. This corporation has liability for in	
	9. Name and Address of Current		o Stoward	10. Name and Address of New Rec	
ALL	AN, CAROLYN M		81 Name		
	N UNIVERSITY DR		00 00000	/D O B	-)
	NTATION FL 33324		82 Street Add	lress (P.O. Box Number is Not Acceptabl	e)
			63		· · · · · · · · · · · · · · · · · · ·
					In the second
			84 City		FL 85 Zip Code
office or re	to the provisions of Sections 607,0502 egistered agent, or both, in the State om familiar with, and accept the obligations.	! Florida. Such change was aut	horized by the corpora	poration submits this statement for the pution's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE	Signature, typed or printed name of registrated agent	and title if applicable (NOTE: F	Registered Agent signature requ	ired when reinstaling)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	VST	DELETE	1.1 TITLE		Change Addition
NAME	ALLAN, CAROLYN H		1.2 NAME		. •
STREET ADORESS	465 N. UNIVERSITY DRIVE		1.3 STREET ADDRESS 2	343 N.W. 3446 F	tue nue
CITY-ST-ZIP	PLANTATION FL	AND THE RESERVE OF TH	1.4 C(1Y-ST-Z)P	COCONUT (REEK,	FIA 33066
TITLE	PD NOOLEY OF THE PINE II	☐ DELETE	2.1 TITLE	•	Change
NAME	WRIGLEY, CATHERINE H.		2.2 NAME	> 40 - 1 > 1 4 F	
STREET ADDRESS	465 N. UNIVERSITY DRIVE		2.3 STREET ADDRESS	SUS N.W, 34th F OCOTH CREEK F	TUENUL
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-S1-ZIP	OCOMUN CREEK IF	A 33066
TITLE		☐ DELETE			Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY+S1-ZIP		Charge Addres
TITLE		LI ottlit	4.1 TITLE		Change L Addition
	1		4. 2 NAME		
NAME CYCLET ADDRESS		4	4 0 DINECT ADDRESS		
STREET ADDRESS		•	4.3 STREET ADDRESS		
STREET ADDRESS City-St-Zip		Llociete	4.4 CITY - ST - ZIP		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	4.4 GRY-ST-ZIP 5.1 TITLE		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	4.4 GITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	4.4 GRY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	4.4 GITY-ST-ZIP 5.1 TILE 5.2 NAME 5.3 STREET ADDRESS 5.4 GITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4.4 City-St-ZiP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 City-St-ZiP 6.1 Title		Change Addition Change Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		_	4.4 City-St-ZiP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 City-St-ZiP 6.1 Title		

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; the lam an officer or director of the coxporation 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:

and McDIIa

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(9×4)484.9325