

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

FILED

May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K79152

(0)

1. Corporation Name

BROWARD BUS SHELTERS, INC

Principal Place of Business

6081 S.W. 30TH COURT
FT. LAUDERDALE FL 33314
US

Mailing Address

P.O. BOX 292037
SUITE 105
DAVIE FL 33329-2037



3. Date Incorporated or Qualified

04/03/1989

3a. Date of Last Report

04/10/1996

4. FEI Number

65-0203145

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

Country

29

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PORTLEY, PETER A
2401 E. ATLANTIC BLVD
SUITE 410
POMPANO BEACH FL 33062

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME MARCELLINO, CHRISTINE
STREET ADDRESS 6081 SW 30TH COURT
CITY-ST-ZIP FT. LAUDERDALE FL

☒ DELETE

1.1 TITLE S.
1.2 NAME FORMAN, CHRISTINE
1.3 STREET ADDRESS 6081 SW 30TH CT.
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33314

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.1 TITLE P.D.
2.2 NAME PATRICIA, GLENN
2.3 STREET ADDRESS 6081 SW 30TH COURT
2.4 CITY-ST-ZIP DAVIE FL 33314

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE D.
3.2 NAME OLIVER, ALISON
3.3 STREET ADDRESS 6081 SW 30TH CT.
3.4 CITY-ST-ZIP DAVIE, FL 33314

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE D.
4.2 NAME TITELY, STUART
4.3 STREET ADDRESS 6081 SW 30TH CT.
4.4 CITY-ST-ZIP DAVIE, FL 33314

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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: *Christine Forman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97 (65) 581 1220
Date Daytime Phone #

CR2E034 (9/96)