

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M12663 (4)**

1. Corporation Name  
**PALM BEACH - BROWARD PROPERTIES, INC.**



Principal Place of Business: **351 SOUTH CYPRESS ROAD, STE. 410 POMPANO BEACH FL 33060**  
Mailing Address: **351 SOUTH CYPRESS ROAD, STE. 410 POMPANO BEACH FL 33060**

2. Principal Place of Business  
21 **8895 No. Military Trail**  
Suite, Apt. #, etc.  
22 **E-201**  
City & State  
23 **Palm Beach Gardens, FL**  
Zip Country  
24 **33410** 25 **USA**

2a. Mailing Address  
26 **8895 No. Military Trail**  
Suite, Apt. #, etc.  
27 **E-201**  
City & State  
28 **Palm Beach Gardens, FL**  
Zip Country  
29 **33410** 30 **USA**

3. Date Incorporated or Qualified: **03/14/1985**  
3a. Date of Last Report: **01/19/1995**  
4. FE# Number: **59-2695929**  
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

9. Name and Address of Current Registered Agent

**LAFFERTY, ROBERT G.  
351 S. CYPRESS RD. STE. 410  
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): **8895 North Military Trail, E-201**  
83  
84 City: **Palm Beach Gardens** FL 85 Zip Code: **33410**

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. Thereby 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 (to be signed by the Agent)

Signature of Agent (to be signed by the Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>LAFFERTY, ROBERT G.</b>	
STREET ADDRESS	<b>351 S. CYPRESS RD. S-410</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>LAFFERTY, JOLYNN</b>	
STREET ADDRESS	<b>351 S CYPRESS ROAD, STE 410</b>	
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>8895 North Military Trail, E-201</b>
14 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>8895 North Military Trail</b>
24 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 of Block 12 of Block 12, changed, or only a tallent with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jolynn Lafferty*

3-15-96 (407) 622-3800

CR2E034 (12/95)