

**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. FEI 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 \_\_\_\_\_ DATE \_\_\_\_\_  
I, \_\_\_\_\_, Secretary of the State of Florida, do hereby certify that the above information is true and correct.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAFFERTY, ROBERT G.</b>	1.2 NAME	
STREET ADDRESS	<b>351 S. CYPRESS RD. S-410</b>	1.3 STREET ADDRESS	<b>8895 North Military Trail, E-201</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	1.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAFFERTY, JOLYNN</b>	2.2 NAME	
STREET ADDRESS	<b>351 S CYPRESS ROAD, STE 410</b>	2.3 STREET ADDRESS	<b>8895 North Military Trail</b>
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	2.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 or Block 13, if changed, or on a statement with an address.

SIGNATURE: *Robert G. Lafferty* (3-15-96) (407) 622-3800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)