

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # M56513 (8)

1. Corporation Name

METRO-BROWARD CAPITAL CORPORATION



Principal Place of Business

1100 WEST STATE ROAD 84, 2ND FLOOR
FIRST UNION BANK BLDG
FT. LAUDERDALE FL 33315-2436

Mailing Address

1100 WEST STATE ROAD 84, 2ND FLOOR
FIRST UNION BANK BLDG
FT. LAUDERDALE FL 33315-2436

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 3800 WEST BROWARD BLVD.		26 3800 WEST BROWARD BLVD.		07/31/1987		07/10/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 NATIONS BANK BLDG.		27 NATIONS BANK BLDG.		65-0008860		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fees Required	
23 FT. LAUDERDALE, FL		28 FT. LAUDERDALE, FL		<input type="checkbox"/>		5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	
24 33312		29 33312		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country		30 USA			

9. Name and Address of Current Registered Agent

ALDWIN, THOMAS C
1100 W. STATE ROAD 84, 2ND FLOOR
FIRST UNION BANK BLDG
FT. LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
3800 W. BROWARD BLVD.	
83 Nations Bank Bldg.	
84 City	
FT. LAUDERDALE	FL

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

Alldwyn C Thomas

ALDWIN C THOMAS

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASH, ANTHONY 'TONY'	1.2 NAME	
STREET ADDRESS	600 SE 3 AVE	1.3 STREET ADDRESS	6650 GRIFFIN ROAD
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	DAVIE, FL 33314
TITLE	DT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, LEE	2.2 NAME	VC
STREET ADDRESS	2001 HOLLYWOOD BLVD.	2.3 STREET ADDRESS	501 EAST LAS OLAS BLVD.
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	P	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, ALDWIN	3.2 NAME	
STREET ADDRESS	1100 W. STATE ROAD 84	3.3 STREET ADDRESS	3800 W. BROWARD BLVD.
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	DV	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COONEY, STEPHEN	4.2 NAME	
STREET ADDRESS	1 FINANCIAL PZ	4.3 STREET ADDRESS	200 EAST BROWARD BLVD.
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHUMAN, MARTHA	5.2 NAME	C
STREET ADDRESS	1 FINANCIAL PZ	5.3 STREET ADDRESS	TAYLOR, NORMAN
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	115 SOUTH ANDREWS AVENUE
TITLE	DC	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLUTTER, MICHAEL	6.2 NAME	DS
STREET ADDRESS	1 E. BROWARD BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	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)(k), 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:

Alldwyn C Thomas

ALDWIN C THOMAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (954) 587 3755

Date

Daytime Phone #

CR2E034 (12/95)