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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M56513 (8)

1. Corporation Name
METRO-BROWARD CAPITAL CORPORATION

Principal Place of Business
3800 WEST BROWARD BLVD
NATIONS BANK BLDG
FT LAUDERDALE FL 33312
US

Mailing Address
3800 WEST BROWARD BLVD
NATIONS BANK BLDG
FT LAUDERDALE FL 33312-1018
US



3. Date Incorporated or Qualified 07/31/1987 3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 65-0008860 Applied For Not Applicable

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALDWIN, THOMAS C
3800 W BROWARD BLVD NATIONS BANK BLDG
FIRST UNION BANK BLDG
FT. LAUDERDALE FL 33312

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 D ☐ DELETE
NAME ASH, ANTHONY "TONY"
STREET ADDRESS 6850 GRIFFIN ROAD
CITY-ST-ZIP DAVIE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE DT ☐ DELETE
NAME TURNER, LEE
STREET ADDRESS 501 EAST LAS OLAS BLVD
CITY-ST-ZIP FT LAUDERDALE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE P ☐ DELETE
NAME THOMAS, ALDWIN
STREET ADDRESS 3800 W BROWARD BLVD
CITY-ST-ZIP FT LAUDERDALE FL

3.1 TITLE ☐ Change ☐ Addition

TITLE DV ☐ DELETE
NAME COONEY, STEPHEN
STREET ADDRESS 200 EAST BROWARD BLVD
CITY-ST-ZIP FT. LAUDERDALE FL

4.1 TITLE ☐ Change ☐ Addition

TITLE C ☐ DELETE
NAME TAYLOR, NORMAN
STREET ADDRESS 115 SOUTH ANDREWS AVE
CITY-ST-ZIP FT LAUDERDALE FL

5.1 TITLE ☐ Change ☐ Addition

TITLE DS ☐ DELETE
NAME CLUTTER, MICHAEL
STREET ADDRESS 1 E. BROWARD BLVD
CITY-ST-ZIP FT. LAUDERDALE FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)