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FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/31/1987

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number
65-0008860
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ALDWYN, THOMAS C
3800 W BROWARD BLVD NATIONS BANK BLDG
FIRST UNION BANK BLDG
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent
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

TITLE	D	☐ DELETE
NAME	ASH, ANTHONY "TONY"	
STREET ADDRESS	6650 GRIFFIN ROAD	
CITY-ST-ZIP	DAVIE FL	
TITLE	DT	☒ DELETE
NAME	[illegible]	
STREET ADDRESS	501 EAST LAS OLAS BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	P	☐ DELETE
NAME	THOMAS, ALDWYN	
STREET ADDRESS	3800 W BROWARD BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DV	☐ DELETE
NAME	COONEY, STEPHEN	
STREET ADDRESS	200 EAST BROWARD BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	C	☐ DELETE
NAME	TAYLOR, NORMAN	
STREET ADDRESS	115 SOUTH ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DS	☐ DELETE
NAME	CLUTTER, MICHAEL	
STREET ADDRESS	1 E. BROWARD BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☒ Addition
2.2 NAME	Lambert, Les	
2.3 STREET ADDRESS	One Financial Plaza, 9th floor	
2.4 CITY-ST-ZIP	Fort Lauderdale, Florida 33301	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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: [illegible] Pres/CEO 1/8/98 954 527 3755