FILED

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90039 047 ***158.75

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M56513

Principal Place of Business

METRO-BROWARD CAPITAL CORPORATION

3800 WEST BROWARD BLVD NATIONS BANK BLDG FT LAUDERDALE FL 33312 US		3800 WEST BROWARD BLVD NATIONS BANK BLDG FT LAUDERDALE FL 33312 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/31/1987							
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address				4. FEI Number						Apr	lied For
21		26					65-0008860 Not Applicat							Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5 Cer	tifcate of \$	Status De	sired				dditional
22		27					J. CO.					F	ee Rec	quired
City & State	e	City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees							
Zip	Country	Zip Country				8. This corporation owes the current year Intangible								
24	25	29 30				Personal Property Tax. Yes No 10. Name and Address of New Registered Agent								
	9. Name and Address of Current	Registered Agent				1	0. Na	me and A	ddress o	f New R	egistered	Agent		
AL DI	WYN, THOMAS C		81	'	Name								_	
3800 W BROWARD BLVD NATIONS BANK BLDG					Street Address (P.O. Box Number is Not Acceptable)									
	T UNION BANK BLDG	ANN DEDG	_	_										
	AUDERDALE FL 33312		83	1										
11. (AODENDALE 1 E 300 12		84	4	City						. 85	85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the								20. 40.5			<u> </u>	<u>.</u>	na ita I	onistared
office or re agent. I as	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statute	y Li S.	ne corpon	auon 5	board	or unector	s. I heret	у ассер	tine appoi	ntment	as reg	istered
	Signature, typed or printed name of registered agent		·	ent s	signature req	uired whe			1111050	70.055	DATE	ID DIDI	CCTOS	2C IN 12
12.	OFFICERS AND		13.				ADD	HONS/C	HANGES	10 OFF	ICERS AN	Chi		Addition
TITLE	D	☐ DELETE	1,1 TITLE		\ <u>.</u>	Shei	rvl	Dicl	CEV.	Cha	ir		ange	
NAME	ASH, ANTHONY "TONY"		1.2 NAME				_	9th						
STREET ADDRESS	6650 GRIFFIN ROAD		1.3 STREE		ADDRESS 1						3331	1		
CITY-ST-ZIP	DAVIE FL		1.4 CITY-		·ZIP -			uucz.				 ☐ Cha	anne	☐ Addition
TITLE	DT	☐ DELETE	2.1 TITLE										ango	L. radinon
NAME	LAMBERT, LES	000	2.2 NAME											- بىينىلىت ىنىپ
STREET ADDRESS	ONE FINANCIAL PLAZA, 9TH FL	.OOK	2.3 STREE											
CITY-ST-ZIP	FT LAUDERDALE FL 33301		2.4 CITY-	_	-ZIP							Cha		[] Addition
TITLE	P DELETE		3.1 TITLE		- 1								ange	
NAME	THOMAS, ALDWYN		3.2 NAME		ļ									
STREET ADDRESS			3.3 STREET ADDRE		ADDRESS									
CITY-ST-ZIP			3.4. CITY-		-ZIP							☐ Chi		Addition
TITLE	DV	T) DELETE	4.1 TITLE										ange	□ vooimon
NAME	COONEY, STEPHEN		4. 2 NAME											
STREET ADDRESS	200 2 101 2 101 112 12 12 12		4.3 STREE	ETA	ADDRESS									
CfTY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-		-ZIP									Addition
TITLE	C	☐ DELETE	5.1 TITLE									Chi	ange	Addition
NAME	TAYLOR, NORMAN		5.2 NAME											
STREET ADDRESS	115 SOUTH ANDREWS AVE				ADDRESS									
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-	-	- ZIP									□ A dd2:
TITLE	DS	☐ DELETE	6.1 TITLE									☐ Ch	ange	☐ Addition
NAME	CLUTTER, MICHAEL		6.2 NAME											
STREET ADDRESS	1 E. BROWARD BLVD		6.3 STREE	ET A	ADDRESS									
	ET LAUDEDDALE EL		64 CITY-	ST-	.7IP									

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 suppliemental 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, with all other like empowered.

Aldwyn C. Thomasignature and typed or printed name of