


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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M98594 (8)			
1. Corporation Name HANDI-VAN OF BROWARD, INC.			
Principal Place of Business C/O RICHARD B. AUSTIN 8390 NW 53RD ST #300 MIAMI FL 33166		Mailing Address C/O RICHARD B. AUSTIN 8390 NW 53RD ST #300 MIAMI FL 33166-7800	
2. Principal Place of Business 21 55 NW 119 ST Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 530963 Suite, Apt. #, etc.	
22 City & State 23 N. MIAMI, FL		27 City & State 28 Miami Shores, FL	
24 33168 Zip 25 USA Country		29 33153 Zip 30 USA Country	
9. Name and Address of Current Registered Agent AUSTIN, RICHARD B. 8390 NW 53RD ST #300 ROCHESTER BUILDING MIAMI FL 33166		10. Name and Address of New Registered Agent 81 Name MASI NEFF 82 Street Address (P.O. Box Number is Not Acceptable) 2660 PALMER PL 83 84 City FT. LAUDERDALE FL 85 Zip Code 33332	
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 Masi L. Neff, Pres DATE 4/16/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: PSD NEFF, MASI L. STREET ADDRESS: 2660 PALMER PL CITY-ST-ZIP: FT LAUDERDALE FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		6.1 TITLE 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: Masi L. Neff		MASI L. NEFF 4/1/97 (305) 592-0036	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



CR2E034 (9/96)