FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 APR 18 PM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05751 (5)

1. Corporation Name
BUSINESS ASSOCIATES OF BROWARD COUNTY, INC.

Principal Place of Business	Mailing Address
1044 N.E. 15 AVE. %BLOCK & BRAND FT LAUDERDALE FL 33304	1044 N.E. 15 AVE. %BLOCK & BRAND FT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1994
3a. Date of Last Report: 06/22/1994
4. FEI Number: 59-2443834 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BLOCK & BRAND, PA
1044 NE 15 AVE
FT LAUDERDALE FL 33304

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	HARVEY, GRESHAM, JR	1.2 NAME	HARVEY GRESHAM	
STREET ADDRESS	3501 NW 29TH ST	1.3 STREET ADDRESS	3501 NW 29ST	
CITY-ST-ZIP	LAUDERDALE LAKES FL	1.4 CITY-ST-ZIP	Lauderdale Lakes FL 33	
TITLE	Treasurer	2.1 TITLE	Treasurer [redacted]	☒ Change ☐ Addition
NAME	LAWLESS, JOHN	2.2 NAME	John Lawless	
STREET ADDRESS	897 NW 83RD DR.	2.3 STREET ADDRESS	897 N W 83 DR	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	Coral Springs FL 33071	
TITLE	PD	3.1 TITLE	President [redacted]	☒ Change ☐ Addition
NAME	COLFORD, KIRK	3.2 NAME	Elizabeth R. Tinar	
STREET ADDRESS	989 W COMMERCIAL BLVD	3.3 STREET ADDRESS	1490 N.E. 57th	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, Fl.	
TITLE	P	4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: John Lawless 3-15-95 305 979 4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040487