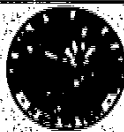


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 10:42

DOCUMENT # N05751 (5)

1. Corporation Name

BUSINESS ASSOCIATES OF BROWARD COUNTY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 10/18/1984

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HARVEY, GRESHAM, JR
STREET ADDRESS 3501 NW 29TH ST
CITY-ST-ZIP LAUDERDALE LAKES FL

1.1 TITLE ~~DIRECTOR~~
1.2 NAME HARVEY GRESHAM
1.3 STREET ADDRESS 3501 NW 29ST
1.4 CITY-ST-ZIP LAUDERDALE LAKES FL 33

☒ Change ☐ Addition

TITLE Treasurer
NAME LAWLESS, JOHN
STREET ADDRESS 887 NW 83RD DR.
CITY-ST-ZIP CORAL SPRINGS FL

2.1 TITLE ~~Treasurer~~
2.2 NAME John Lawless
2.3 STREET ADDRESS 897 NW 83 DR
2.4 CITY-ST-ZIP Coral Springs FL 33071

☒ Change ☐ Addition

TITLE PD
NAME COLFORD, KIRK
STREET ADDRESS 989 W COMMERCIAL BLVD
CITY-ST-ZIP FT LAUDERDALE FL

3.1 TITLE ~~President~~
3.2 NAME Kirk Colford
3.3 STREET ADDRESS 1480 SE 8TH ST
3.4 CITY-ST-ZIP FT. LAUDERDALE, FL

☒ Change ☐ Addition

TITLE P
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-95

3059794400