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**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90140 021 \*\*\*\*61.25

0024093

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N05751**

1. Corporation Name

**BUSINESS ASSOCIATES OF BROWARD COUNTY, INC.**

Principal Place of Business

6365 TAFT ST  
STE 3003  
HOLLYWOOD FL 33024  
US

Mailing Address

6365 TAFT ST  
STE 3003  
HOLLYWOOD FL 33024  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/18/1984

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

9. Name and Address of Current Registered Agent

CIRULLO, MICHAEL D JR  
3099 E COMMERCIAL BLVD  
STE 200  
FT LAUDERDALE FL 33308

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE

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

TITLE ☐ DELETE

NAME  
TD LAWLESS, JOHN  
STREET ADDRESS  
897 NW 83RD DR.  
CITY-ST-ZIP  
CORAL SPRINGS FL

TITLE ☐ DELETE

NAME  
D TEE GARDEN, STEVE  
STREET ADDRESS  
41010 N.E. 26 TERRACE  
CITY-ST-ZIP  
LIGHTHOUSE PT FL

TITLE ☐ DELETE

NAME  
PD CIRULLO, MICHAEL D JR  
STREET ADDRESS  
3099 EAST COMMERCIAL BLVD, STE 200  
CITY-ST-ZIP  
FT LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

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 617, 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99

(954) 771-4500

Date

Daytime Phone #

CR2E037 (11/98)