

**FILED**  
**Jun 17, 1999 8:00 am**  
**Secretary of State**

06-17-1999 90008 022 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
---	---	---

**DOCUMENT # N17546**

1. Corporation Name

**BROWARD ENDURANCE SPORTS TEAM, INC.**

Principal Place of Business

1303 CORDOVA ROAD  
FORT LAUDERDALE FL 33316

Mailing Address

1303 CORDOVA ROAD  
FORT LAUDERDALE FL 33316

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 130 NE 2ND AVE		26 130 NE 2ND AVE		10/28/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2757129	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 DANIA BEACH FL		28 DANIA BEACH FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24 33004		29 33004		30 USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GAINES, BERTON 1303 CORDOVA ROAD FT. LAUDERDALE FL 33316				81 Name ROBERT D. MARREN JR	
				82 Street Address (P.O. Box Number is Not Acceptable) 130 NE 2ND AVE	
				83	
				84 City DANIA BEACH FL	
				85 Zip Code 33004	
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 <i>Robert D. Marren Jr.</i> DATE					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE			1.1 TITLE		
NAME			VD		
STREET ADDRESS			A. LEFKOWITZ		
CITY-ST-ZIP			3908 PARKSIDE LANE		
1.2 NAME			1.3 STREET ADDRESS		
1.3 STREET ADDRESS			1.4 CITY-ST-ZIP		
1.4 CITY-ST-ZIP			2.1 TITLE		
2.1 TITLE			2.2 NAME		
2.2 NAME			2.3 STREET ADDRESS		
2.3 STREET ADDRESS			2.4 CITY-ST-ZIP		
2.4 CITY-ST-ZIP			3.1 TITLE		
3.1 TITLE			3.2 NAME		
3.2 NAME			3.3 STREET ADDRESS		
3.3 STREET ADDRESS			3.4 CITY-ST-ZIP		
3.4 CITY-ST-ZIP			4.1 TITLE		
4.1 TITLE			4.2 NAME		
4.2 NAME			4.3 STREET ADDRESS		
4.3 STREET ADDRESS			4.4 CITY-ST-ZIP		
4.4 CITY-ST-ZIP			5.1 TITLE		
5.1 TITLE			5.2 NAME		
5.2 NAME			5.3 STREET ADDRESS		
5.3 STREET ADDRESS			5.4 CITY-ST-ZIP		
5.4 CITY-ST-ZIP			6.1 TITLE		
6.1 TITLE			6.2 NAME		
6.2 NAME			6.3 STREET ADDRESS		
6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
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:

*Robert D. Marren Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/99  
 Date

305 376 2982  
 Daytime Phone #

CR2E037 (1/198)