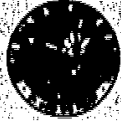


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24267 (9)
1. Corporation Name
SOUTH BROWARD ECONOMIC DEVELOPMENT CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**1400N FAUST
5844 SW 40TH STREET
HOLLYWOOD FL 33023**

3. Date Incorporated or Qualified **01/08/1988** 3a. Date of Last Report **04/21/1994**
4. FEI Number **65-0039251** Applied For If 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 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**FAUST, DON
5844 SW 40TH STREET
HOLLYWOOD FL 33023**

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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FAUST, DON
STREET ADDRESS	5844 SW 40TH STREET
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	VD
NAME	LA GRECA, VINCENT
STREET ADDRESS	5700 SW 40 STREET
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	SD
NAME	WILSON, PHYLLIS
STREET ADDRESS	5750 SW 20 STREET
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	TD
NAME	HOLZHAUSER, WILLIAM
STREET ADDRESS	11 MIAMI GARDENS RD.
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D
NAME	PHILLIPS, JOSEPH
STREET ADDRESS	5703 SW 37TH STREET
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D
NAME	MEYERS, DANNY
STREET ADDRESS	4200 SW 30 STREET
CITY-ST-ZIP	HOLLYWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VD HOLZHAUSER, WILLIAM
2.3 STREET ADDRESS	11 MIAMI GARDENS RD.
2.4 CITY-ST-ZIP	HOLLYWOOD FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DRIVER, LAURA
3.3 STREET ADDRESS	15 MIAMI GARDENS RD.
3.4 CITY-ST-ZIP	HOLLYWOOD FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROSSI, RICHARD
4.3 STREET ADDRESS	6118 GARFIELD ST.
4.4 CITY-ST-ZIP	HOLLYWOOD FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(4), 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: Don Faust 3/13/95 (305) 961-3987
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Date of Filing