

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 19 1997 8:00am
Secretary of State

DOCUMENT # N24267 (9)

1. Corporation Name

SOUTH BROWARD ECONOMIC DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

%DON FAUST
5644 SW 40TH STREET
HOLLYWOOD FL 33023

%DON FAUST
5644 SW 40TH STREET
HOLLYWOOD FL 33023-6124

3. Date Incorporated or Qualified
01/08/1988

3a. Date of Last Report
04/05/1996

2. Principal Place of Business

2a. Mailing Address

21 2701 S. St. Rd #7

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Hollywood FL

Hollywood FL

24 Zip

25 Country

29 Zip

30 Country

24 33023

25 BROWARD

29 33023

30

9. Name and Address of Current Registered Agent

4. FEI Number
65-0039251

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

FAUST, DON

5644 SW 40TH STREET
HOLLYWOOD FL 33023

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2701 S. St. Rd #7

83

84 City

Hollywood

FL

85 Zip Code

33023

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 NAME STREET ADDRESS CITY-ST-ZIP

FD FAUST, DON
5644 SW 40TH STREET
HOLLYWOOD FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD HOLZHAUSER, WILLIAM
11 MIAMI GARDENS RD.
HOLLYWOOD FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD DRIVER, LAURA
15 MIAMI GARDENS ROAD
HOLLYWOOD FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD ROSSI, RICHARD
6118 GARFIELD ST.
HOLLYWOOD FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PHILLIPS, JOSEPH
5703 SW 87TH STREET
HOLLYWOOD FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

MEYERS, DANNY
4200 SW 90 STREET
HOLLYWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2701 S. St. Rd #7
Hollywood FL 33023

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

Dominique Puglise
2701 S. St. Rd #7
Hollywood FL 33023

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

William Grolli
1980 S. Ocean Drive Apt 216
Hallandale FL 33009

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

Dr. Lee Etta Hill
2701 S. St. Rd #7
Hollywood FL 33023

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

Steve Hill
2701 S. St. Rd #7
Hollywood FL 33023

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

4-29-97 954-963-3200

Date

Daytime Phone # 0023586

CR2E037 (9/96)