

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N24267** (9)
1. Corporation Name
SOUTH BROWARD ECONOMIC DEVELOPMENT CORPORATION



Principal Place of Business %DON FAUST 5644 SW 40TH STREET HOLLYWOOD FL 33023	Mailing Address %DON FAUST 5644 SW 40TH STREET HOLLYWOOD FL 33023-6124
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3. Date Incorporated or Qualified 01/08/1988	3a. Date of Last Report 04/05/1996
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2. Principal Place of Business 21 2701 S. St. Rd #7 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 Hollywood FL	27 City & State 28
24 Zip 33023	25 Country BROWARD

4. FEI Number 65-0039251	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
FAUST, DON
~~5644 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)
2701 S. St. Rd #7
83
84 City **Hollywood** 85 Zip Code **FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	FAUST, DON 5644 SW 40TH STREET HOLLYWOOD FL	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS 2701 S. St. Rd #7	
CITY-ST-ZIP		1.4 CITY-ST-ZIP HOLLYWOOD FL 33023	
TITLE VD	HOLZHAUSER, WILLIAM 11 MIAMI GARDENS RD. HOLLYWOOD FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE SD	DRIVER, LAURA 75 MIAMI GARDENS ROAD HOLLYWOOD FL	3.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME Dominique Puglise	
STREET ADDRESS		3.3 STREET ADDRESS 2701 S. St. Rd #7	
CITY-ST-ZIP		3.4 CITY-ST-ZIP HOLLYWOOD FL 33023	
TITLE TD	ROSSI, RICHARD 6118 GARFIELD ST. HOLLYWOOD FL	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME William Grolli	
STREET ADDRESS		4.3 STREET ADDRESS 1980 S. Ocean Drive Apt 216	
CITY-ST-ZIP		4.4 CITY-ST-ZIP HALENDALE FL 33009	
TITLE D	PHILLIPS, JOSEPH 5709 SW 87TH STREET HOLLYWOOD FL	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME Dr. Lee Etta Hill	
STREET ADDRESS		5.3 STREET ADDRESS 2701 S. St. Rd #7	
CITY-ST-ZIP		5.4 CITY-ST-ZIP HOLLYWOOD FL 33023	
TITLE D	MEYERS, DANNY 4200 SW 90 STREET HOLLYWOOD FL	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME Steve Hill	
STREET ADDRESS		6.3 STREET ADDRESS 2701 S. St. Rd #7	
CITY-ST-ZIP		6.4 CITY-ST-ZIP 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; 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: *Lee Etta Hill* **4-29-97** 954-963-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023586

CR2E037 (9/96)