

FILE NOW: FILING FEE IS \$61.25

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Apr 11 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N25615 (8)**

1. Corporation Name

**ARC BROWARD GUARDIANSHIP, INC.**



Principal Place of Business	Mailing Address
10250 NW 53RD STREET SUNRISE FL 33351	10250 NW 53RD STREET SUNRISE FL 33351-8023

3. Date Incorporated or Qualified <b>03/28/1988</b>	3a. Date of Last Report <b>04/29/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0046681</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

9. Name and Address of Current Registered Agent

**BURTON, ROBERT A.**  
**10250 NW 53 STREET**  
**SUNRISE FL 33351**

10. Name and Address of New Registered Agent

81. Name <b>Haas, Dennis</b>
82. Street Address (P.O. Box Number Is Not Acceptable) <b>10250 NW 53rd Street</b>
83. City <b>Sunrise</b>
84. State <b>FL</b>
85. Zip Code <b>33351</b>

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 Dennis Haas **PRESIDENT DENNIS HAAS** **3-14-97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>V/D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Change</b> <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME <b>RICHTER, JACOB</b>		1.2 NAME	
STREET ADDRESS <b>2800 NE 14TH ST CAUSEWAY</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>POMPAHO BEACH FL</b>		1.4 CITY - ST - ZIP	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>Change</b> <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME <b>ROGERS, GORDON</b>		2.2 NAME	
STREET ADDRESS <b>200 S. BISCAYNE BLVD., STE. 3600</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>MIAMI FL 33131-2338</b>		2.4 CITY - ST - ZIP	
TITLE <b>C/D</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>Change</b> <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME <b>LAYSTROM, C.WILLIAM, JR.</b>		3.2 NAME	
STREET ADDRESS <b>1177 SE THIRD AVE.</b>		3.3 STREET ADDRESS	
CITY - ST - ZIP <b>FT. LAUDERDALE FL</b>		3.4 CITY - ST - ZIP	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>Change</b> <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
NAME <b>BURTON, ROBERT A.</b>		4.2 NAME <b>HAAS, DENNIS</b>	
STREET ADDRESS <b>3720 CORAL SPRINGS DR.</b>		4.3 STREET ADDRESS <b>2841 N Ocean Blvd #2010</b>	
CITY - ST - ZIP <b>CORAL SPRINGS FL 33065</b>		4.4 CITY - ST - ZIP <b>Fort Lauderdale, FL 33308</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <b>Change</b> <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <b>Change</b> <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS <b>000002132880</b>	
CITY - ST - ZIP		6.4 CITY - ST - ZIP <b>-04/03/97--01075--019</b>	
		<b>***140.00</b>	

14. I do 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.

SIGNATURE: Dennis Haas **Dennis Haas** **President/CEO** **(954) 746-9400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037885

CR2E037 (9/96)