## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT.



FLORIDA DEPARTMENT OF STATE

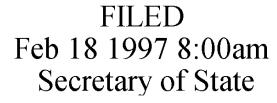
## Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N30576 (5)

## COMMERCE CENTER OF SOUTH BROWARD ASSOCIATION, IN





C. Principal Place	e of Business	Mailing Address	:			
5353 SOUTH \$1 DAVIE FL 33314	TATE ROAD 7	5353 SOUTH STATE ROAD DAVIE FL 33314-6403	7			
US		US Annual Annual Annua Annual Annual Annua		3. Date Incorporated or Qualified 3a. Date of Last Report 02/09/1989 08/14/1996		
	ace of Business	2a. Mailing Address		4. FEI Number NOT APPLICABLE	Applied F	
21		26		INOT APPLICABLE	Not Applie	
Suite, Apt.:	#, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition	
City & State	)	City & State	:	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Bo	
<b>23</b> Zip	Country	<b>28</b>	Country	This corporation has liability for		
24	25	- t '	30		Yes No	JE.
	9. Name and Address of Curren			10. Name and Address of New Ro		
	***************************************		81 Name	4/:)	1	
SMITH (	CHARLES		20 0	N. WAYCO, A	AND	
	OUTH STATE ROAD 7		82 Street	Address (P.O. Box Number is Not Accepta	La Road 7	
DAVIE FI			83			
DAVIL II	L 55514					
			84 City	1	FL 85 Zip Code	
44 0	to the provisions of Continue 617 050	O and C17 1500 Florida Custute	- the shall seemed	corporation submits this statement for the		<b>Z</b>
office or re	egistered agent, or both, in the State	of Florida. Such change was a	uthorized by the corp	oration's board of directors. I hereby acce	pt the appointment as registe	red
agent. La	m family with, and accept the obliga		rida Statutes		-1 b-	
SIGNATURE _	Ullan When	- MIAN		co director	2/12/97	
	Signature, typed or printed name of regist red age		: Registered Agent signalive		DATE	
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFI		2 ddition
TITLE	D DOUGH MOUNT	Limbeleit	1.1 TITLE	Olivertar	Cytalific T V	DOKION
NAME	GRIMAIL, MICHAEL	,	1.2 NÄME	Wilmayco, Allan	A	
STREET ADDRESS	5353 SOUTH STATE ROAD 7		1.3 STREET ADDRESS	5353 South State		
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP	Oavie, FL 33	314	
TIFLE	D	DELETE	2.1 TITLE	Director	Change 🔲 Ar	ddition
NAME	SMITH, CHARLES		2.2 NAME	Royall, Butch.		
STREET ADDRESS	5353 S. STATE RD. 7		2.3 STREET ADDRESS	5353 South State	local 7	
CITY-ST-ZIP	DAVIE FL 33314		2. 4 CITY-ST-ZIP	Davie FL 33314		
TITLE	D	☐ DELETE	3.1 TITLE			ddition
NAME	GORDON, MARTY		3.2 NAME			
STREET ADDRESS	4700 SW 51ST STREET BLDC	3 200	3.3 STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL		3.4. CITY+ST-ZIP			
TITLE		DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change A	ddition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CHTY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ A	ddition
NAME			5.2 NAME		***************************************	
STREET ADDRESS			5.3 STREET ADDRESS			
· ·			3			
CITY-ST-ZIP	····	DELETE	6.4 CITY - ST - ZIP		☐ Change ☐ A	ddition
TITLE		☐ precie	6.1 TITLE		∟, ∪ канув ∟ и	MULLION
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			)

14. I do hereby certify that the information supplied with this filing does not qualify to 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.