SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State' " DIVISION OF CORPORATIONS

DOCUMENT # N30576

City & State

Zip

COMMERCE CENTER OF SOUTH BROWARD ASSOCIATION, IN

Principal Place of Business Malling Address 5353 SOUTH STATE ROAD 7 5353 SOUTH STATE ROAD 7 DAVIE FL 33314 DAVIE FL 33314 2. Principal Place of Business Malling Address 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State

28

29 9. Name and Address of Current Registered Agent

Country

SIGNATURE:

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FILED Sep 17 1998 8:00am § Secretary of State



7. Is this nonprofit corporation a homeowners association?

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

This corporation owes or has paid the ourrent year Intangible
 Personal Property Tax due June 30.
 Yes

Applied For

Not Applicable

\$8.75 Additional

Fee Regulred

\$5.00 May Be

Added to Fees

Yes

3. Date incorporated or Qualified

NOT APPLICABLE

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

02/09/1989 4. FEI Number

NAME NAVA MODE	n Allan a		-	WHITTAKER, WARREN L.
WILWAYCO, ALLAN A. 5353 S. STATE RD. 7		82	Street	Address (P.O. Box Number is Not Acceptable) 5353 S. STATE RD. 7
DAVIE FL 33314				3333 21 3141E NV1 1
DAVIE FL	33314	83		4
		84	Clty	DAVIE FL 85 Zip Code 33314
44 Supposed to the providing of postlere 247 0000 and 247 6000 Claside Circular the phase personal agreement for the primary of changing the societies				
office or registered agent, or both, in the State of Florida. Such changes was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familier with, and accept the obligations of, section 617.0503, Florida Statutes.				
SIGNATURE MACRON & WHITTAKER AUG. 11, 1998				
Signature, fixed or printed name of registered agent and title if applicable. (NOTE: I OFFICERS AND DIRECTORS			evk alåuain	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	13.		Total
	WILWAYCO, ALLAN	1.2 NAME		WHITTAKER, WARREN L. Change WAddition
	5353 SOUTH STATE ROAD 7	1.3 STREET	ANDDECC	5353 SOUTH STATE RD. 7
				DAVIE FL 33314
CITY-ST-ZIP TITLE	DAYIE FL	1.4 CITY-ST 2.1 TITLE	ZIP	
	D DELETE	2.2 NAME		Change Addition
	ROYALL BUTCH	2.3 STREET ADDRESS		DEBSRRY, TIMOTHY
				5353 SOUTH STATE AD. 7
	F1111F . F.	2.4 CITY-ST 3.1 TITLE	ZIP	DAVIE FL 37314
TITLE	Deceie I			Change Addition
NAME	GORDON, MARTY	3.2 NAME		
	4700 SW 51ST STREET BLDG 200	3.3 STREET		
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST	ZIP	
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4.2 NAME		·
STREET ADDRESS		4.3 STREET	ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST	ZIP	
TITLE	DELETE :	6.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET	ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST	ZIP	
TITLE	DELETE	6.1 TITLE		Change Addition
NAME	_	6.2 NAME		<u>-</u> - , _
STREET ADDRESS		6.3 STREET.	ADDRESS	
CITY-ST-ZIP	ł	6.4 CITY-ST-	ZIP	
14. I 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.				

Whittaker WARREN L. WHITTAKER

Country

81 Name

30