

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N35798

(0)

1. Corporation Name

WEST BROWARD FREEWHEELERS, INC.



Principal Place of Business

Mailing Address

P. O. BOX 9726
CORAL SPRINGS FL 33075
US

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CORAL SPRINGS FL 33075
US

3. Date Incorporated or Qualified

12/26/1989

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2600 E. COMMERCIAL BLVD

Suite, Apt. #, etc.

201

City & State

FORT LAUDERDALE FL

Zip

33308

Country

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5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **MARK V. WICHROWSKI**

82 Street Address (P.O. Box Number is Not Acceptable) **2600 E. COMMERCIAL BLVD #201**

83 City **FORT LAUDERDALE**

84 State **FL**

85 Zip **33308**

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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Mark V. Wichrowski** DATE **4/29/96**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P SCHARF, BERNARD**

STREET ADDRESS **2000 NW 86TH TERR.**

CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE

NAME **V KIRK ELLINGTON**

STREET ADDRESS **580 NW 43 AVE**

CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE

NAME **S CANDY SCHLDESSER**

STREET ADDRESS **7049 GULF POINTE CIRCLE**

CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ DELETE

NAME **T MARK WICHROWSKI**

STREET ADDRESS **11235 NW 12 COURT**

CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE

NAME **D MORT GELBERD**

STREET ADDRESS **9938 N. SPRINGS WAY**

CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE

NAME **D LANE, GREGORY**

STREET ADDRESS **4315 NW 70TH LANE**

CITY-ST-ZIP **CORAL SPGS. FL**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Mark V. Wichrowski**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/29/96**
Daytime Phone # **(954) 716-2000**

CR2E037 (12/95)