

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N41463** (3)

1. Corporation Name

EXECUTIVES OF BROWARD, INC.



Principal Place of Business

Mailing Address

P.O. BOX 2341
FORT LAUDERDALE FL 33303

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FORT LAUDERDALE FL 33303

3. Date Incorporated or Qualified

12/28/1990

3a. Date of Last Report

08/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **LISTOKIN, ROBERT**
STREET ADDRESS **1499 W. PALMETTO PARK RD., STE. 400**
CITY-STATE-ZIP **BOCA RATON FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE **D** ☒ DELETE
NAME **DASHER, DOUG**
STREET ADDRESS **5100 NW 33RD AVE., STE 243**
CITY-STATE-ZIP **FT. LAUDERDALE FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **STEVE ROSE**
2.3 STREET ADDRESS **150 S.W. 12 AVE, STE 320**
2.4 CITY-STATE-ZIP **POMPANO BEACH FL 33069**

TITLE **D** ☒ DELETE
NAME **MORRIS, THOMAS**
STREET ADDRESS **721 SE 17TH ST. CAUSEWAY**
CITY-STATE-ZIP **FT. LAUDERDALE FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **RICHARD D. HELLER**
3.3 STREET ADDRESS **110 SE 6 STREET, STE 2800**
3.4 CITY-STATE-ZIP **FORT LAUDERDALE FL 33301**

TITLE **D** ☐ DELETE
NAME **KURAMOTO, CURTIS**
STREET ADDRESS **5900 N. ANDREWS AVE., STE. 200**
CITY-STATE-ZIP **FT. LAUDERDALE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE **D** ☒ DELETE
NAME **BENSON, WILLIAM**
STREET ADDRESS **621 NW 70TH TEARR**
CITY-STATE-ZIP **PLANTATION FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **SARA L. LAVALLE**
5.3 STREET ADDRESS **830 EAST OAKLAND PK BLVD #101**
5.4 CITY-STATE-ZIP **FORT LAUDERDALE FL 33334**

TITLE **D** ☐ DELETE
NAME **STEVE ROSE**
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96

Date

954 771-0896

Daytime Phone #

CR2E037 (3/96)