

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90036 007 ****61.25

DOCUMENT # N41463

1. Corporation Name

EXECUTIVES OF BROWARD, INC.

Principal Place of Business
P.O. BOX 2341
FORT LAUDERDALE FL 33303

Mailing Address
P.O. BOX 2341
FORT LAUDERDALE FL 33303



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/28/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		30	

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 18TH STREET
FT. LAUDERDALE FL 33311

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISTOKIN, ROBERT	1.2 NAME	Fred Silverman
STREET ADDRESS	1499 W. PALMETTO PARK RD., STE. 400	1.3 STREET ADDRESS	5713 Corporate Way Ste. 200
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	WPB, FL 33407
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, STEVE	2.2 NAME	Marvin Bee
STREET ADDRESS	150 SW 12 AVENUE STE 320	2.3 STREET ADDRESS	1007 N. Federal Hwy. #260
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Michelle Herman (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLER, RICHARD	3.2 NAME	
STREET ADDRESS	110 SE 6 STREET #2800	3.3 STREET ADDRESS	525 N. Ocean Blvd. Ste. 1215
CITY-ST-ZIP	FORT LAUDERDALE FL	3.4 CITY-ST-ZIP	Pompano Beach, FL 33062
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVALLI, SARA	4.2 NAME	Kurt Younker
STREET ADDRESS	830 EAST OAKLAND PARK BLVD #101	4.3 STREET ADDRESS	1149 NW 13th #11
CITY-ST-ZIP	FORT LAUDERDALE FL	4.4 CITY-ST-ZIP	Boca Raton, FL 33486
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, WILLIAM G	5.2 NAME	Dima Lurie
STREET ADDRESS	10843 NW 2 STREET	5.3 STREET ADDRESS	1040 SE 7th Ave.
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	Pompano Beach, FL 33060
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Kurt Younker RIKWREYounker

4/9/99

(954) 468-0652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)