	FILE NOW: F	ILING F	EE IS \$61.2	5				
NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				FILED May 11, 1998 8:00 am Secretary of State	
DOCUMENT # N49433			(8)					
BROW/	ARD BUSINESS AGAINS	T NARCO	TICS AND DRUG	gs, in				
C.	e ef Dueineen	Mail	ing Address					
Principal Place of Business     Mailing Addre       512 NE THIRD AVE     512 NE THIRD				HIRD AVE			3. Date Incorporated or Qualified	
FT LAUDERDAL	E FL 33301	AUDERDALE FL 33301				06/17/1992 4. FEI Number Applied For		
2. Principal Place of Business			2a. Mailing Address				65-0373765 Not Applicable \$8.75 Additional	
21			26 Suite, Apt. #, etc.				5. Certificate of Status Desired     \$8.75 Additional Fee Required       6. Election Campaign Financing     \$5.00 May Be	
Suite, Apt. #, etc. 22			27				Trust Fund Contribution Tures Added to Fees	
City & State		28					7. Is this nonprofit corporation a homeowners association?	
Zip 24	Zip Country				Country 0		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of C	urrent Registe	ored Agent		81	Name	10. Name and Address of New Registered Agent	
LONG, MICHAEL S					82 Street Address (P.O. Box Number is Not Acceptable)			
	512 NE 3RD AVENUE 512 NE THIRD AVENUE					83		
FT LAUDERDALE FL 33301					84 City FL 85 Zip Code			
agent. I a SIGNATURE	Im familiar with, and accept the Signature, typed or printed name of registe	obligations of, red agent and title if	applicable. (NOT	orida Sta	tutes	s. 	ation's board of directors. I hereby accept the appointment as registered putred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE		S AND DIREC	DELETE		1.1 TITLE		Change Addition	
NAME	FROUG, NADINE 2745 W CYPRESS CREE	ת א		1.2 NAME 1.3 STREET		ADDRESS		
STREET ADDRESS CITY - ST - ZIP	FT LAUDERDALE FL				1.4 CITY - ST			
TITLE	VD PULCINI, FRANK		DELETE		2.1 TITLE 2.2 NAME		Change Addition	
STREET ADDRESS	1320 SW 115TH AVE			2.3 STREET AD		T ADDRESS	· · · · · · · · ·	
CITY-ST-ZIP TITLE	FT LAUDERDALE FL		DELETE	ETE 3.1 TITLE		ST-ZIP	Change Addition	
NAME	PAT DAVALLE				AME			
STREET ADDRESS CITY - ST - ZIP	N/A CPO BOX FORT LAUDERDALE FL			3.4. CITY		r address St-zip		
TITLE	CD Centera, John	_	DELETE	DELETE 4.1 T			Change Addition	
NAME STREET ADDRESS	10501 NW 50TH STREET	, #104				T ADDRESS		
CITY-ST-ZIP Title	SUNRISE FL		DELETE		CITY-S	st-zip	Change Addition	
NAME	CHOATE, DAVID		5.2 NAME					
STREET ADDRESS	1300 S. ANDREWS AVEN	IUE				T ADDRESS		
CITY-ST-ZIP TITLE	FORT LAUDERDALE FL		DELETE	5.4 CITY - ST- 6.1 TITLE		ST-ZIP	Change Addition	
NAME	MICHAEL S. LONG				NAME			
STREET ADDRESS CITY-ST-ZIP	512 NE 3RD AVE			6.4	CITY-S	t address St-zip		
14. I hereby	certify that the information supple	mental annual	report is true and ac	or the ex	emp	otion stated	in Section 119.07(3)(I), Florida Statutes. I further certify that the information ature shall have the same legal effect as if made under oath; that I am an	
officer or	director of the corporation or th or Block 13 if changed, or on a	e receiver or tr	ustee empowered to	execute	this	report as re	equired by Chapter 617, Florida Statutes; and that my name appears in	
SIGNAT				<u>Sh</u> u	M	Phoe	15. Long 4/15 98 954 463-3203 Date / Date /	
SIGNAL		PED OR PRINTED	AME OF STONING OFFICE	A OR DIRE	CTOR		Date Daytime Phone # 0035611	