

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 # **N93000000638 (7)**

1. Corporation Name

SPECIALTY AGENTS OF BROWARD COUNTY, INC.



Principal Place of Business

Mailing Address

P.O. BOX 5302
HOLLYWOOD FL 33083-5302

P.O. BOX 5302
HOLLYWOOD FL 33083-5302

3. Date Incorporated or Qualified
02/15/1993

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GODIN, BARRY
2915 S. STATE RD. 7
W. HOLLYWOOD FL

81 Name

CHRISTINE SPRINGER

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

541 SE 6 ST

83

FT LAUDERDALE

84 City

FL

85

Zip Code

33315

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BARRY GODIN	
STREET ADDRESS	2915 SO STATE RD 7	
CITY-ST-ZIP	WEST HOLLYWOOD FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CHRISTINE SPRINGER	See Change ->
STREET ADDRESS	541 SE 6ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JOHN SHIELDS	
STREET ADDRESS	5341 W. ATLANTIC BLVD	
CITY-ST-ZIP	MARGATE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	AL CIFUENTES	
STREET ADDRESS	6050 JONSON ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHRISTINE SPRINGER	
1.3 STREET ADDRESS	541 SE 6 ST	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33315	
2.1 TITLE	TIM CROWLEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	7444 Royal Palm Blvd	
2.3 STREET ADDRESS	Margate Fl.	
2.4 CITY-ST-ZIP	VPD	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHEARIE WILLIAMS	
3.3 STREET ADDRESS	112 NO Ocan Blvd	
3.4 CITY-ST-ZIP	Pompano Beach, Fl. 33062	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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:

SHEARIE WILLIAMS

4/24/96 (954) 946-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E037 (12/95)