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Mar 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 33083-53023. Date Incorporated or Qualified  
02/15/19933a. Date of Last Report  
04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 112 North Ocean Br

26 112 North Ocean Br

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23 Pompano Beach

28 Pompano Beach

Zip

Country

Zip

Country

24 33062

25 Broward

29 33062

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTINE SPRINGER  
541 SE 6 ST  
FT. LAUDERDALE FL 33315

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 PD  
NAME CHRISTINE SPRINGER  
STREET ADDRESS 541 SE 6 ST  
CITY - ST - ZIP ST. LAUDERDALE FL1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE VPD  
NAME TIM CROWLEY  
STREET ADDRESS 7444 ROYAL PALM BLVD.  
CITY - ST - ZIP MARGATE FL2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIPTITLE SD  
NAME SHERRIE WILLIAMS  
STREET ADDRESS 112 N OCEAN BLVD.  
CITY - ST - ZIP POMPANO BEACH FL3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE TD  
NAME AL CIFUENTES  
STREET ADDRESS 6050 JONSON ST.  
CITY - ST - ZIP HOLLYWOOD FL4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SHERRIE WILLIAMS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0026331

CR2E037 (9/96)

3.5.97

SHERRIE WILLIAMS 2/13/97 9468800