## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

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P92000015201 (6) **DOCUMENT #** 

1. Corporation Name

SABAL-BROWARD	DEVELOPMENT	CORPORATION
ひめりれについりげんりひ	DEVELOTIVE	CONFORMIUM

Principal Place	of Business		Mailing Addr	ess		_					
Principal Place of Business  4471 N.W. 74TH AVE. SUITE #4		4471 NW	4471 NW 74TH AVENUE LAUDERHILL FL 33319								
LAUDERHILL US	FL 33319		US					3. Date Incorporated or Qualified 12/24/1992		of Last Re 4/27/19	
2. Principal Pla	ace of Busine	SS	2a. Mailing A	ddress				4. FEt Number 65-0378885			Applied For Not Applicable
Suite, Apt. #	, etc.		Suite, Ap	ot. #, etc.		_		5. Certificate of Status Desired		\$8.75	Additional Required
City & State			City & St	ate				6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip		Country	Zip		Cour	ntry		8. This corporation has liability for	intangible ta		
24		25	29  Current Registered Age	nnt	30			10. Name and Address of New F	_	Agent	
	9. Name	and Address of C	Jurielli Registereo Agr	##II1		Bi	Name	10. Name and Address of Now I	iogioiciou	- gom	
GARBER	r, stuart	R				82		idress (P.O. Box Number is Not Acceptal	ole)		
4471 N.W. 74TH AVE. LAUDERHILL FL 33319			83						J		
CAUDE	WILL I C	~10				84	City		FL	<b>85</b> Zi	p Code
						_				anoine ite e	registered office
I or registers	ediagent or .	both, in the State (	7.0502 and 607.1508, Floriffer Such change v f, Section 607.0505, Flori	was authorized	d by the c	orpo	oration's b	poration submits this statement for the public pand of directors. I hereby accept the app	pointment as	registered	l agent. I am
SIGNATURE _	Stonature, Ivped	or printed name of register	red agent and title if applicable	(NOTE	E: Registered	Agent	signature requ	uired when reinstating)	DATE		
12.	- 3		RS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	DRS IN 12
TITLE	D			DELETE	1.1 Ti	TLE			1	Change	Addition
NAMÉ	GARBE	r, stuart r			1.2 NA	ME					
STREET ADDRESS	4471 N	.W. 7TH AVE.			1.3 \$1	REET	ADDRESS				
City-SI-ZiP	LAUDE	RHILL FL			1.4 CI	IY-S	T-ZIP				
TIFLE	V			DELETE	2 1 1	TLE			l	Change	☐ Addition
NAME	LEVIN,				2.2 NA	ME					
STREET ADDRESS	400 S.	POINTE DRIVE			2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	MIAMI I	BEACH FL			2 4 C	1Y-S	T - ZIP			. <u>.</u> <del></del>	
TITLE				DELETE	3 1 T	TLE	Γ			Change	Addition
NAME					3.2 N/	AME		•			
STREET ADDRESS	1				3.3. S	TREET	ADDRESS				
CHTY-ST-ZIP					3.4 0	TY - \$	T-ZIP			F**1 0:	
TITLE				DELETE	4.17	ITLE				Change	☐ Addition
NAME					4.2 N	AME					
STREET ADDRESS					4.3 S	FREET	ADDRESS				
CITY - ST - ZIP					4.4 C		T-ZIP			<u> </u>	
TITLE				) DELETE	5 1 1		1			☐ Change	☐ Addition
NAME					52 N						
STREET ADDRESS	+						ADDRESS				
CITY-ST-ZIP	ļ		<u>-</u> _				T-ZIP			□ Ch	Adding
TITLE			<u> </u>	) DELETE	6.17					☐ Change	☐ Addition
NAME					6.2 N						ļ
STREET ADDRESS					6.3 S	TREET	ADDRESS				ļ
CiTY-S1-ZIP					6.4 C	ITY - S	T-ZIP				

14. Ido 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 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address. Narler Stuart R. Garber 4/24/96 954-741-1935
Desprinted NAME OF SIGNING OFFICER OF DIRECTOR

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