## 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

1996

SIGNATURE:

P93000008411 (9)

DOCUMENT # PS
1. Corporation Name

DNS OF BROWARD, INC.

Principal Place of Business Mailing Address			-	1 (00/400) (150 00/00 (15)1 00/11) 30/11	ABOUT OUT   BOIDT BEST OF OUT TOUT 1585 INC
9847 N.W. 6TI PLANTATION		9847 N.W. 6TH PLAC PLANTATION FL 333			
				<ol> <li>Date Incorporated or Qualified 02/02/1993</li> </ol>	3a. Date of Last Report 05/01/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number • 65-0388203	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/0300205	Not Applicable
22		27		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
<i>Ζ</i> ιρ	Country	Ζiρ	Country	<b>2</b>	intangible tax under s. 199.032,
24	25 Name and Address of Curre	29	[30]	Florida Statutes Yes  10. Name and Address of New F	No
·	9, Name and Address of Curre	an negistered Agent	81 Name	TO Name and Address of New A	A A A
WETHEV	RRHOE			Bauce We	ney
WETHEY, BRUCE 9847 NW 6 PLACE				ddress (P.O. Box Number is Not Acceptar	PLACE
PLANTATION FL 33324				1176 000	
			04 03 8		Ingl. 7to Code
			84 City	arkcan <u>d</u>	FL 153067
11. Pursuant to	the provisions of Sections 607,050	2 and £07 1508, Florida Statu	tes, the above-named cor	poration submits this statement for the pur	pose of changing its registered office
or registere familiar with	d age it. or both, in the State of Flo i, and autopt the obligations of Sec	rida. Sijorughange was authori ction <u>6</u> 47.1505, Florida Statute	ized by the corporation's t es.	poration submits this statement for the pur loard of directors. I hereby accept the app	ointment as registered agent. Fam
SIGNATURE ᡐ	1 Duce 12	other		/ 4/9/	96
S	ignatural types of printed name of registered age		OTE: Registered Agent signature rec		DATE
12.	OFFICERS AI	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	WESTLY, BRUCE		1.2 NAME	BRUCE WE the	/ <del>-</del> · -
STREET ADDRESS	9847 NW 6TH PLACE		1.3 STREET ADDRESS	17/17 11/1 77	Suna =
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY - ST - ZIP	DARKIAND	れのようとう
TITLE		☐ DELETE	2. 1 TITLE	(SO WELL CALLED 1 1 - C	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY - ST - ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADORESS			3.3. STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4 CHY-ST-ZIP 4.1 TITLE		Change Addition
TITLE NAME		[_] occert	4.2 NAME		C) Analige C) Manifoli
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5. 1 TITLE		Change Addition
NAM5			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHTY-ST-ZiP			5.4 C(TY - S1 - Z)P		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-S!-ZIP		Justin thin Elina in and and a first	6 4 CITY - ST - ZIP	for the execution stated in Destination	07/2004 Florido Statidos I Euriba
certify that	the information indigated on this an	a wier triis iiing is voluntarily to nual report pr supplemental ar	imished and does not qual innual report is true and acc	ify for the exemption stated in Section 119 curate and that my signature shall have the	same legal effect as if made under
oath; that I appears in	am an officer or director of the corr Block 12 or Block 13 in thanged, or	poration or the receiver or trust rion an attrichment with all ad-	tee empowered to execute dress.	surate and that my signature shall have the this report as required by Charler 607, Fi	orida Statutes; and that my name

4 /9/96 (954) 796-9900.