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FILED

Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000014690 (9)

1. Corporation Name
BROWARD MANORS, INC.



Principal Place of Business

10127 SW 93 PLACE
~~9190 S. DADELAND BLVD., STE. 1703~~
MIAMI FL 33176
US

Mailing Address

% JACK GERBER P.A.
9130 S. DADELAND BLVD., STE. 1703
MIAMI FL 33156-7858

3. Date Incorporated or Qualified
02/16/1994

3a. Date of Last Report
02/01/1996

4. FEI Number
65-0472338

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 10127 SW 93 PLACE
Suite, Apt. #, etc.

22 City & State
MIAMI, FL

23 33176
Country: DAPE

2a. Mailing Address

26 9400 So Dadeland Blvd
Suite, Apt. #, etc.

27 PH-5
City & State

28 Miami, FL
Zip: 33156 Country: DAPE

9. Name and Address of Current Registered Agent

GERBER, JACK B
9400 SOUTH DADELAND BLVD
PH-5
MIAMI FL 33156

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature type: If provided name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: PSD
NAME: GERBER, CAROL
STREET ADDRESS: 9190 S. DADELAND BLVD #1703
CITY-ST-ZIP: MIAMI FL-
☐ DELETE

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE
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STREET ADDRESS:
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CITY-ST-ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PSD
1.2 NAME: GERBER, CAROL
1.3 STREET ADDRESS: 9400 S. DADELAND BLVD, PH-5
1.4 CITY-ST-ZIP: MIAMI, FL 33156
☒ Change ☐ Addition

2.1 TITLE: ☐ Change ☐ Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:

3.1 TITLE: ☐ Change ☐ Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

4.1 TITLE: ☐ Change ☐ Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

5.1 TITLE: ☐ Change ☐ Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

6.1 TITLE: ☐ Change ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carol Gerber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)