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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:52

DOCUMENT # **P94000035484 (2)**

1. Corporation Name
CENTRAL BROWARD SERVICE CENTER, INC.

Principal Place of Business	Mailing Address
% HOLTZMAN KOWZMAN EQUELS CIGARS FURIA 2601 S BAYSHORE DR SUITE 600 MIAMI FL 33133	% HOLTZMAN KOWZMAN EQUELS CIGARS FURIA 2601 S BAYSHORE DR SUITE 600 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 C/O PROCACCI FINANCIAL GRP	26 C/O PROCACCI FINANCIAL GRP
Suite, Apt. #, etc. 22 401 WEST LINTON BLVD	Suite, Apt. #, etc. 27 401 WEST LINTON BLVD
City & State 23 DELRAY BEACH, FL	City & State 28 DELRAY BEACH, FL
Zip / Country 24 33444 / 25 USA	Zip / Country 29 33444 / 30 USA

4. FEI Number — [X] 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOLTZMAN, SYLVAN 2601 S BAYSHORE DR SUITE 600 MIAMI FL 33133	81 Name: PHILIP J. PROCACCI 82 Street Address (P.O. Box Number is Not Acceptable): 401 WEST LINTON BLVD, SUITE 201 83 84 City: DELRAY BEACH FL 85 Zip Code: 33444

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: PHILIP J. PROCACCI — DATE
Signature, type or printed name of registered agent and title if applicable — Registered Agent signature required when reinstated

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D [ ] Change [ ] Addition
NAME	HOLTZMAN, SYLVAN	12 NAME	PROCACCI, PHILIP J.
STREET ADDRESS	2601 S BAYSHORE DR SUITE 600	13 STREET ADDRESS	401 WEST LINTON BLVD
CITY ST ZIP	MIAMI FL 33133	14 CITY ST ZIP	DELRAY BEACH, FL 33444
TITLE	D	21 TITLE	[ ] Change [ ] Addition
NAME	PROCACCI, PHILIP L	22 NAME	
STREET ADDRESS	401 W LINTON BLVD	23 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL 33444	24 CITY ST ZIP	
TITLE		31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: — Date — (407) 265-0500 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PHILIP J. PROCACCI, DIRECTOR

0134443 CP