## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

\* PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000044045 (0)

ALL BROWARD OPERATIONS, INC.

Prir	icipal F	lace of	Busmess
321	STATE	RD 84	

Mailing Address

## FILED Apr 29 1997 8:00am Secretary of State



321 STATE RD 84 FT LAUDERDALE FL 33315			321 STATE RD 84 FT LAUDERDALE FL 33316-3913						
						3. Date incorporated or Qualified 06/08/1994		le of Last F 9/1996	Report
2. Principal Place of Business		2a. Mailing	2a. Mailing Address		4. FEI Number		A	oplied For	
Suite And # ote		26			65-0499868			ot Applicable	
Suite, Apt #, etc		27				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta		City & Si 28	tate			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	May Be to Fees
Zip 4]	Country 25	Zip 29		Country 30	<i>(</i>	This corporation has liability for Florida Statutes	intangible t Yes		199.032,
+	9. Name and Address of Curr		ent	1221	:	10. Name and Address of New Re		T	
POF	RCELLI, JOSEPH			81	Name			<u></u>	
	STATE RD 84			82	Stroot Add	socs (P.O. Boy Number is Not Assental	10)		
	LAUDERDALE FL 33315				Street Add	ress (P.O. Box Number is Not Acceptat	)ie)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
				83					
				64	City		FL	<b>85</b> Zip	Code
office or agent. La	to the provisions of Sections 607.03 registered agent, or both, in the Sta am familiar with, and accept the obl	502 and 607,1508, I ite of Florida. Such d igations of, Section	Florida Statul change was a 607.0505, Flo	es, the above authorized by orida Statute	e-named corp y the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep	ourpose of o of the appo	changing it ointment as	ts registere registered
IGNATURE	Signature, typed or ported name of registered a	igont and title 1 applicable.	. (NOT	E: Registered Age	ent signature requi	red when reinstating)	DATE		
2.	OFFICERS A	ND DIRECTORS		13,		ADDITIONS/CHANGES TO OFFIC			RS IN 12
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AU1E	PORCELLI, JOSEPH			1.2 514 545					
				1.2 NAME	į				
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information indicated on this argual report or suppliemental agrinula report is true and accurate and that my signature shall have the same legal effect as if made under oath; the lam an officer or director of this corporation of the receiver of 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** 

A MOUNT PRESIDENT

4/15/97 954678100