


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

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>940000 49721</u> 1. Corporation Name			
SIE BROWARD CORP. Principal Place of Business Mailing Address 495 BLANDING BLVD. ORANGE PARK, FLORIDA 32073			
2. Principal Place of Business		3a. Date of Last Report	
21 495 BLANDING BLVD		3a. 1-1-95	
22 Suite, Apt. #, etc.		3b. Date of Last Report	
22		3b. 6-30-94	
23 ORANGE PARK, FLORIDA		4. FEI Number	
23 32073		4. 65-0503369	
24 USA		5. Certificate of Status Desired	
24		5. <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25 USA		6. Election Campaign Financing	
25		6. <input type="checkbox"/> \$5.00 May Be Added to Fees	
26 USA		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
26		7. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
27 USA		8. Name and Address of Current Registered Agent	
27		8. STEPHEN ECKHARDT	
28 ORANGE PARK, FLORIDA		9. Name and Address of New Registered Agent	
28		9. STEPHEN ECKHARDT	
29 32073		9. 495 BLANDING BLVD	
29		9. ORANGE PARK, FL	
30 USA		9. 32073	
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 607.0503, Florida Statutes.			
SIGNATURE <u>5-24-96</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE		13.1 TITLE	
12.1 NAME		13.1 NAME	
12.1 STREET ADDRESS		13.1 STREET ADDRESS	
12.1 CITY - ST - ZIP		13.1 CITY - ST - ZIP	
12.2 TITLE		13.2 TITLE	
12.2 NAME		13.2 NAME	
12.2 STREET ADDRESS		13.2 STREET ADDRESS	
12.2 CITY - ST - ZIP		13.2 CITY - ST - ZIP	
12.3 TITLE		13.3 TITLE	
12.3 NAME		13.3 NAME	
12.3 STREET ADDRESS		13.3 STREET ADDRESS	
12.3 CITY - ST - ZIP		13.3 CITY - ST - ZIP	
12.4 TITLE		13.4 TITLE	
12.4 NAME		13.4 NAME	
12.4 STREET ADDRESS		13.4 STREET ADDRESS	
12.4 CITY - ST - ZIP		13.4 CITY - ST - ZIP	
12.5 TITLE		13.5 TITLE	
12.5 NAME		13.5 NAME	
12.5 STREET ADDRESS		13.5 STREET ADDRESS	
12.5 CITY - ST - ZIP		13.5 CITY - ST - ZIP	
12.6 TITLE		13.6 TITLE	
12.6 NAME		13.6 NAME	
12.6 STREET ADDRESS		13.6 STREET ADDRESS	
12.6 CITY - ST - ZIP		13.6 CITY - ST - ZIP	
12.7 TITLE		13.7 TITLE	
12.7 NAME		13.7 NAME	
12.7 STREET ADDRESS		13.7 STREET ADDRESS	
12.7 CITY - ST - ZIP		13.7 CITY - ST - ZIP	
12.8 TITLE		13.8 TITLE	
12.8 NAME		13.8 NAME	
12.8 STREET ADDRESS		13.8 STREET ADDRESS	
12.8 CITY - ST - ZIP		13.8 CITY - ST - ZIP	
12.9 TITLE		13.9 TITLE	
12.9 NAME		13.9 NAME	
12.9 STREET ADDRESS		13.9 STREET ADDRESS	
12.9 CITY - ST - ZIP		13.9 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)(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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <u>5-24-96</u>		SIGNATURE: <u>9042721375</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034 (12/95)