

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059879 (4)

1. Corporation Name

SALES/ALVIN BROWARD, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/15/1994	3a. Date of Last Report
4. FEI Number 65-0511904	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	

Principal Place of Business
9101 TAFT ST
HOLLYWOOD FL
Pembroke Pines FL 33024

Mailing Address
9101 TAFT ST
HOLLYWOOD FL
Pembroke Pines, FL 33024

2. Principal Place of Business 21 9101 TAFT ST PEMBROKE PINES Suite, Apt. #, etc.	2a. Mailing Address 27 Suite, Apt. #, etc.
22 City & State 23 PEMBROKE PINES, FL	28 City & State
24 Zip 33024	29 Country

9. Name and Address of Current Registered Agent TAVIN, M ROBERT 9101 TAFT ST HOLLYWOOD FL Pembroke Pines FL 33024	10. Name and Address of New Registered Agent
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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: *M. Robert Tavin* DATE: 4/25/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 110.07(3)(b), 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 for the term or trustee empowered to execute this report as required by Chapter 207, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. Robert Tavin* M. ROBERT TAVIN DATE: 4/25/95 432-6311