

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 15, 1998 8:00 am
Secretary of State

DOCUMENT # P94000083648 (3)

1. Corporation Name

WEST BROWARD PROPERTY MANAGEMENT, INC.

Principal Place of Business

1500 NE 48 COURT
FT LAUDERDALE FL 33334

Mailing Address

1500 NE 48 COURT
FT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1994

4. FEI Number

65-0540420

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 11530 State Road 84

2a. Mailing Address

26 11530 State Road 84

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Davie, FL

28 City & State

Davie, FL

24 Zip

33325

25 Country

Broward

29 Zip

33325

30 Country

Broward

9. Name and Address of Current Registered Agent

LAPSLEY, ROBERT D

1500 NE 48 COURT
FT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name Angela Fiore

82 Street Address (P.O. Box Number is Not Acceptable)

7122 Woodmont Way

83

84 City

Tamarac

FL

85 Zip Code

33321

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

Angela Fiore

Angela Fiore

4/24/98

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME LAPSLEY, ROBERT D
STREET ADDRESS 1500 NE 48 COURT
CITY-ST-ZIP FT LAUDERDALE FL 33334

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Angela Fiore
1.3 STREET ADDRESS 7122 Woodmont Way
1.4 CITY-ST-ZIP Tamarac, FL 33325

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 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

Angela Fiore

4/24/98

472-3820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0301731

CR2E034 (10/97)