

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 # P95000053476 (4)

1. Corporation Name

AOS OF SOUTH BROWARD, INC.



Principal Place of Business

4491 S STATE RD SEVEN  
SUITE 200  
FT LAUDERDALE FL 33314

Mailing Address

4491 S STATE RD SEVEN  
SUITE 200  
FT LAUDERDALE FL 33314

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

g. Name and Address of Current Registered Agent

OLLE, MACAULAY & ZORRILLA, P.A.  
1402 MIAMI CENTER  
201 S BISCAYNE BLVD  
MIAMI FL 33131

3. Date Incorporated or Qualified

07/06/1995

3a. Date of Last Report

4. FEI Number

65-0596791

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

10. Name and Address of New Registered Agent

81 Name Louis W. Boisvert, III

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

4491 South State Road Seven, Suite 200

83

84 City

Ft. Lauderdale

FL

85 Zip Code 33314

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

*Louis W. Boisvert, III*

Louis W. Boisvert, III

4/5/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME KLAMM, ULLRICH  
STREET ADDRESS 4491 S STATE RD SEVEN SUITE 200  
CITY-ST-ZIP FT LAUDERDALE FL 33314

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

DPS

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

VPCFO  
BOISVERT, LOUIS, III  
4491 SO. STATE ROAD SEVEN, #200  
FT. LAUDERDALE, FL 33314

☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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\*\*\*200.00

4-17-96

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, unchanged, or on an attachment with an address.

SIGNATURE:

*Louis W. Boisvert, III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis W. Boisvert, III

4/5/96

(954) 321-9555

Day

Daytime Phone #

CR2E034 (12/95)