


5-18-98 B71341 C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P95000053476 (4)</b>			
1. Corporation Name <b>AOS OF SOUTH BROWARD, INC.</b>			
Principal Place of Business <b>4491 S STATE RD SEVEN SUITE 200 FT LAUDERDALE FL 33314</b>		Mailing Address <b>4491 S STATE RD SEVEN SUITE 200 FT LAUDERDALE FL 33314</b>	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent <b>BOISVERT, LOUIS W III 4491 SOUTH STATE ROAD SEVEN SUITE 200 FT LAUDERDALE FL 33314</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 FL		86 Zip Code	
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 Signature: typed or printed name of registered agent or state if not applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DPS</b> <input type="checkbox"/> DELETE		1.1 TITLE <b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>KLAMM, ULLRICH</b>		1.2 NAME	
STREET ADDRESS <b>4491 S STATE RD SEVEN SUITE 200</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT LAUDERDALE FL 33314</b>		1.4 CITY-ST-ZIP	
TITLE <b>VPC</b> <input type="checkbox"/> DELETE		2.1 TITLE <b>DVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>BOISVERT, LOUIS III</b>		2.2 NAME	
STREET ADDRESS <b>4491 SOUTH STATE ROAD SEVEN SUITE 200</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT LAUDERDALE FL 33314</b>		2.4 CITY-ST-ZIP	
TITLE <b>AS</b> <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>ORSINI, FRANCINE</b>		3.2 NAME	
STREET ADDRESS <b>4491 S SR 7, S200</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT LAUDERDALE FL</b>		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		4.2 NAME <b>Carol Befanis O'Donnell</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>4491 So. State Road Seven, #200</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>Ft. Lauderdale, FL 33314</b>	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/06/1995</b>	
4. FEI Number <b>65-0596791</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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:

*[Handwritten Signature]* 4/12/98 10:51:27-0555

CP2E034 (10/97)