

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000053509 (2)
1. Corporation Name

TRADEWORKS OF BROWARD, INC.



Principal Place of Business: **640 NW 71ST AVE PLANTATION FL 33317**
Mailing Address: **640 NW 71ST AVE PLANTATION FL 33317**

2. Principal Place of Business
21 Suite, Apt #, etc
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt # etc
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified: **07/06/1995**
3a. Date of Last Report
4. FEI Number: **65-0052692**
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

9. Name and Address of Current Registered Agent

**STAMOS, JOHN
640 NW 71ST AVE
PLANTATION FL 33317**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 type for principal officer, director, or registered agent (check appropriate box) Principal Officer Director Registered Agent (signature required when registered)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	STAMOS, JOHN	<input type="checkbox"/>
STREET ADDRESS	640 NW 71ST AVE	<input type="checkbox"/>
CITY - ST - ZIP	PLANTATION FL 33317	<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY - ST - ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY - ST - ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY - ST - ZIP		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 NAME	TERRY KLOB	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 STREET ADDRESS	6361 FALLS CIRCLE DR.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 CITY - ST - ZIP	LAUDERHILL FL 33319	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME		<input type="checkbox"/>	<input type="checkbox"/>
23 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
24 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME		<input type="checkbox"/>	<input type="checkbox"/>
33 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
34 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME		<input type="checkbox"/>	<input type="checkbox"/>
43 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
44 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME		<input type="checkbox"/>	<input type="checkbox"/>
53 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
54 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME		<input type="checkbox"/>	<input type="checkbox"/>
63 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
64 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 617 Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John A Stamos* **8/9/96** **(954) 581-5719**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)