


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90177 010 \*\*\*150.00

**DOCUMENT # P95000073674**  
 1. Entity Name  
**AEP BROWARD, INC.**



Principal Place of Business 7000 W PALMETTO PARK RD STE 408 BOCA RATON, FL 33433	Mailing Address 7000 W PALMETTO PARK RD STE 408 BOCA RATON, FL 33433
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24071991



2. Principal Place of Business 7000 West Palmetto Park Road, Suite, Apt. #, etc. <b>Suite 203</b>	3. Mailing Address 7000 West Palmetto Park Road Suite, Apt. #, etc. <b>Suite 203</b>
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01072004 Chg-P CR2E034 (10/03)

City & State <b>Boca Raton, FL</b>	City & State <b>Boca Raton, FL</b>	4. FEI Number <b>65-0624620</b>	Applied For Not Applicable
Zip <b>33433</b>	Country	Zip <b>33433</b>	Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS ASHENFELTER, MARIA 7000 W PALMETTO PARK RD STE 408 BOCA RATON, FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MIRRIONE, KRISTEN 7000 W PALMETTO PARK RD STE 408 BOCA RATON, FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JANIAK, SUSAN A 342 NORTH MAIN STREET STE 200 W HARTFORD, CT 06117 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC KONOVER, SIMON 7000 W PALMETTO PARK RD STE 408 BOCA RATON, FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCO COMBS, GREGORY V 7000 W PALMETTO PARK RD STE 408 BOCA RATON, FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7000 West Palmetto Park Road, Suite 203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7000 West Palmetto Park Road, Suite 203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Chairman, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7000 West Palmetto Park Road, Suite 203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President, COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7000 West Palmetto Park Road, Suite 203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David Coppa 7000 West Palmetto Park Road, Suite 203 Boca Raton, FL 33433

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gregory V. Combs Gregory V. Combs  
 Executive VP, COO  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #