

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. Suite 203 City & State Boca Raton, FL Zip 33433	Country	3. Mailing Address 7000 West Palmetto Park Road Suite, Apt. #, etc. Suite 203 City & State Boca Raton, FL Zip 33433	Country
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01072004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0624620	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 2033 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
Executive VP, COO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #