

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 12 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **P95000080577 (6)**
1. Corporation Name
FLORIDA BROADWAY, INC.

| | |
|---|--|
| Principal Place of Business 4050 SW 11TH TERR SUITE 301 FT LAUDERDALE FL 33315 US | Mailing Address 1401 UNIVERSITY DRIVE STE. 301 CORAL SPRINGS FL 33071 US |
|---|--|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|------------|------------------------|------------|--|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/19/1995 | |
| 21 Suite, Apt. #, etc. | 26 | 27 Suite, Apt. #, etc. | 28 | 4. FEI Number 65-0614755 | Applied For Not Applicable |
| 22 City & State | 27 | 29 City & State | 30 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 Zip | 25 Country | 29 Zip | 30 Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | 25 | 29 | 30 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**HUME, JOHN
1401 UNIVERSITY DRIVE
SUITE 301
CORAL SPRINGS FL 33071**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

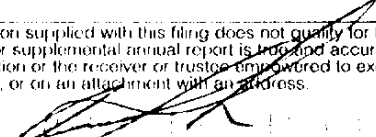
OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | |
|--|---|---------------------------------|---|---|
| 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSD HUME, JOHN 1401 UNIVERSITY DRIVE, SUITE 301 CORAL SPRINGS FL | <input type="checkbox"/> DELETE | 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> DELETE | 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> DELETE | 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> DELETE | 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> DELETE | 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> DELETE | 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:



2/5/98

954-755-9880

CR2E034 (10/97)