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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000097556 (1)

BROWARD SUMMER CAMPS, INC.

FILED Jan 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							 	Biern Bill ibbi
7540 SOUTHGATE BLVD 7540 SOUTHGATE BLVD								
	RDALE FL 33068		NO LAUDERDALE FL 33068			BO NOT MODITE IN THE	· ccccor	
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
O Oringinal P	lace of Business	2a. Mailing Address				12/21/1995 4. FEI Number		oplied For
	lace of positiess	26. Walling Address						ot Applicable
Suite, Apt.	# 610	Suite, Apt. #, etc.				65-0628122		Additional
22	#, etc.	27				5. Certificate of Status Desired		equired
City & Stat	e	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the c		
24	25 29 30							
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		Agent		
WOLNEK, ALAN				81	Name			
	7540 SOUTHGATE BLVD		82 Street Ad		Street Addre	ess (P.O. Box Number is Not Acceptable)		
	NO LAUDERDALE FL 33068			"	Ottobt World	(Dox (Addition) to Not Modelitable)		
•	10 10 10 10 10 10 10 10 10 10 10 10 10 1			83				
				24			loc! Zin	Code
				84	City	FI	_ '	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, ti					-named corp	oration submits this statement for the purpose	of changing i	ts registered
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: Reg					nt signature require	ed when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D	☐ DELETE	1,1 TITE				Change	Addition
NAME	WOLNEK, ALAN		1.2 N/	ame				
STREET ADDRESS	7540 SOUTHGATE BLVD		1.3 \$7		ADDRESS			
CITY-ST-ZIP	NO LAUDERDALE FL 33068 1.4		1.4 CI	ITY-ST	r-ZIP			
TITLE	DELETE 2.1		2.1 Tľ	TLE			Change	Addition
NAME			2.2 N/	2.2 NAME				
STREET ADDRESS			2.3 STREET		ADDRESS			
CITY-ST-ZIP			2. 4 CIT		η- ZIP			
TITLE		☐ DELETE	DELETE 3.1 TITLE				Change	Addition
NAME			3.2 N/	AME				
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		T-ZIP			,
TITLE	DELETE : 4		4.1 TI	TLE			Change	Addition
NAME	AE .		4.2 N	4, 2 NAME				
STREET ADDRESS	1		4.3 ST	TREET /	ADDRESS			
CITY-ST-ZIP			4.4 CI	4.4 CITY-ST-ZIP				
TITLE			5.1 TI	TLE			Change	Addition
NAME			5.2 NA	AME				
STREET ADDRESS			5.3 ST	REET A	ADDRESS			
CITY-ST-ZIP			5.4 CI	ITY-ST	f-ZIP			
TITLE		DELETE					Change	Addition
NAME			6.2 NA	AME				
STREET ADDRESS			6,3 ST	REET /	ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP				
	· · · · · · · · · · · · · · · · · · ·							1.12

14. Thereby 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 address.

SIGNATURE:

HATATATO VERTAL

1/2/60 954 970 8450

CR2E034 (10/9