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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000024905 (7)

WEST BROWARD RECREATIONAL CENTER, INC.

Principal	Place	of	Business

1800 LAKESHORE DRIVE

Mailing Address

1800 LAKESHORE DRIVE

FILED May 05 1997 8:00am Secretary of State



FT. LAUDERDA	ALE FL 33326		F	T. LAUDERDALE FL 3	3326-23	49						
								3	3. Date Incorporated or Qualified 03/20/1996	3a. Date	of Last F	Report
2. Principal P	Place of Busine	SS	28	Mailing Address				4	FEI Number	-1	A	pplied For
21			26	26				65-0655037		N	ot Applicable	
Suite, Apt. #, etc.		27	Suite, Apt. #. etc.			5	5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & Stat	te			City & State				6	6. Election Campaign Financing		\$5.00	May Be
23			28			;			Trust Fund Contribution		Added	to Fees
Zip	_	Country	-	Zip n		Count	ry	٤	3. This corporation has liability for			s. 199. 032 ,
24	2		29		30	l				Yes 🕎		
		nd Address of Curre	ent Regi	istered Agent			1 Name		D. Name and Address of New Re	gistered Ag	ent 	
	er, S usan	AP 650F				ľ	Name					
1800 LAKESHORE DRIVE FT. LAUDERDALE FL 33326					82	2 Street	Address	ddress (P.O. Box Number is Not Acceptable)				
FI.	LAUUEKUAL	E PL 33326				8:	<u></u>					
						"	"					
						8	1			- FL	· `	Code
11. Pursuant office or r agent. I a	to the provisio registered agei am familiar with	ns of Sections 607.05 nt, or both, in the Stat n, and accept the obli	02 and te of Flor gations o	607.1508, Florida Sta rida. Such change wa of, Section 607.0505,	tutos, t is auth Florida	the abo ori≵ed t a Statute	ve-named by the corp es.	corporation's	ion submits this statement for the part of directors. I hereby acce	ourpose of ch of the appoin	nanging i ntment as	ts registered registered
SIGNATURE	Signature, lyped or	printed name of registered a	gent and til	tr if appticable (f	101E : Re	gistered A	gent signature	required wh	en reiostating)	DATE		
12.		OFFICERS A	ND DIRE			13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	D			[_] DELETE		1.5]]][[[L	_ Change	Addition
NAME	SILER, SU					1.2 NAME	Ē					
STREET ADDRESS		ESHORE DRIVE			1	1.3 STRE	ET ADDRESS					
CITY-ST-ZIP	F1. LAUDE	RDALE FL 33326				1.4 CITY						
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NAME					ŀ	2.2 NAME						
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NAME						3.2 NAME						
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NAME	•			_ order		4. 2 NAM				L	_ Onlinge	E Addition
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NAME					ĺ	5.2 NAMI						
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OILT-SI-ZIP	 					0.4 0111	- 01-71F	L				

Too 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 eath; 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.