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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **P96000026941 (0)**

EVERYTHING UNDER THE SUN OF BROWARD INC.

FILED Apr 22 1997 8:00am Secretary of State



Principal Place of Business	Mailing Address		T TOWNSHIP THE SHEET WITH WHITE BUILD DO NOT	40110 II-010 F155 (B)11 0	1001 (18) HOD)
819 S.W. 11TH STREET FORT LAUDERDALE FL 33315	819 S.W. 11TH STREET FORT LAUDERDALE FL 3	819 S.W. 11TH STREET FORT LAUDERDALE FL 33315-1238			
			3. Date Incorporated or Qualified 03/27/1996	3a. Date of Las	l Report
2. Principal Place of Business	Par 26 2400 E. Da K	Land Pack Blue	4. FEI Number	3	Applied For Not Applicable
Suite, Apt #, etc 22	Suite, Apt. #, etc.	IN NOT IMALES DELLE	5. Certificate of Status Desired		Additional Required
City & State	City & State	la dal II	6. Election Campaign Financing	\$5.0	May Be
23 F. T. Lauderdale, F. Country	7. 28 Ft. Lava	Country	Trust Fund Contribution 8. This corporation has liability for it		d to Fees r s. 199.032,
24 3330 @ 25 U.S #	1 29 33306	30	Florida Statutes 10. Name and Address of New Re	Yes No	
	Content Hagistered Agent	81 Name	10. Name and Address of New No.	listered Agent	
GUARRO, PATRICIA G 819 S.W. 11TH STREET FORT LAUDERDALE FL 33315			ress (P.O. Box Number is Not Acceptable)		
			SS (F.O. BOX Number is Not Acceptable)		~
		63			
		84 City		FL 85 Z	p Code
11. Pursuant to the provisions of Sections 6	07.0502 and 607.1508, Florida Statu	ites, the above-named corp	poration submits this statement for the p	urpose of changing	its registered
office or registered agent, or both, in the agent. I am layvillar with, and accept the	e State of Florida, Such change was e obligations of, Section 607.0505, F	authorized by the corporat lorida Statutes.	tion's board of directors. I hereby accep	t the appointment	as registered
SIGNATURE SAVUELLE WAS	ano.			4-1.97	<u> </u>
Signature Typed or printed name of regist	tered agent and title if applicable (NO RS AND DIRECTORS	TE: Registered Agent signature requirements	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECT	DRS IN 12
THE D	DELETE	1.1 TITLE	ADDITIONATO INTOLO TO OTTIO	Chang	
NAME GUARRO, PATRICIA G		1.2 NAME			
STHEET ADDRESS 819 S.W. 11TH STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP FORT LAUDERDALE FL		1.4 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE		Chanç	e L. Addition
NAME		2.2 NAME			
STREET ADDRESS CHY-ST-ZIP		2.3 STREET ADDRESS 2.4 City-St-Zip	****		
IIIE	DELETE	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Chang	e Addition
NAME		2211115			
STREET ADDRESS		3.2 NAME			
		3.3 STREET ADDRESS			
CITY - ST - 7IP	· · · · · · · · · · · · · · · · · · ·	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			
HTLE	DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	n, the state of th	☐ Chang	e 🔲 Addition
TITLE NAME	DELETE	3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME		Chang	e Addition
TITLE NAME STREET ADDRESS	DELETE	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Chang	e 🔲 Addilion
TITLE NAME	☐ DELETE DELETE	3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME		☐ Chang	
TITLE NAME STREET ADORESS CITY-ST-7IF	*	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE NAME STHEFT ADDRESS CITY ST-7IF UTLE	*	3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE			
TITLE NAME STREET ADORESS CUTY-SU-ZIP ETLE NAME	DELETE	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME] Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CUTY-SI-70F UTLE NAME STREET ADDRESS	*	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS			e 🔲 Addition
TITLE NAME STREET ADDRESS CUTY-SI-70F UTLE NAME STREET ADDRESS CUTY-SI-70F	DELETE	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP] Chang	e 🔲 Addition
TITLE NAME STHEFT ADDRESS CHY-ST-7H TITLE NAME STHEET ADDRESS CHY-ST-7HP TITLE	DELETE	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE] Chang	e 🔲 Addition

I. I do 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 cert fy 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 roceiver 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:

ATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.7.97 954.568.592 Date Dayline Prone #