Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000088320

1. Corporation Name

Principal Place of Business

BROWARD INTERNATIONAL GROUP, INC.

9900 WEST SAN	MPLE ROAD	9900 WEST SAMPLE ROAD						
#318 POMPANO BEAC	OU EL 2200E	#318 POMPANO BEACH FL 33065			DO NOT W	RITE IN THIS S	SPACE	
FUMFANU DEAL	ON FE 33003	POMPARO DENOTITE 00003			3. Date Incorporated or Qualife			
					10/25/1996			
2. Principal Pla	ace of Business	2a, Mailing Address			4. FEI Number			Applied For
21		26			65-0702368			Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			,		\$8.75	Additional
22		27			5. Certifcate of Status Desired		Fee	Required
City & State	9	City & State			6. Election Campaign Financin	g 🗆	\$5.0	O May Be
23		28			Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Country		8. This corporation owes the co	urrent year Inta		_
24	25	29 30	0		Personal Property Tax.		X Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of Nev	v Registered A	Agent	
THO	DATON DIAME		81	Name				
l	RNTON, DIANE		82	Street Addres	ss (P.O. Box Number is Not Acce	ptable)		
	NE 6TH AVE APT H							
F1. L	AUDERDALE FL 33334		83					
			84	City			85 Z	p Code
				•		<u> </u>		<u> </u>
¦ 11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was auth	norized by th	he corporation	n's board of directors. I hereby ac	cept the appoin	itment as	registered
office or re	m jamiliai willi, and accept the obligati	ions of, Section 607.0505, Florida	a Statutes.					
office or re agent. I ar SIGNATURE				signature required to	when reinstating)	DATE		
office or re agent. I ar SIGNATURE	Signature, typed or printed name of registered agent  OFFICERS AND	and title if applicable. (NOTE: Re			when reinstating)  ADDITIONS/CHANGES TO (		D DIREC	TORS IN 12
office or re agent. I ar SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent				D DIREC	
office or reagent. I are SIGNATURE  12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: Re	egistered Agent					
office or reagent. I ar SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D THORNTON, DIANE	and title if applicable. (NOTE: Re	13.	signature required v				
office or reagent. I are SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND THORNTON, DIANE 5240 NE 6TH AVE APT H	and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET A	signature required v				
office or reagent. I ar SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND THORNTON, DIANE 5240 NE 6TH AVE APT H FORT LAUDERDALE FL 33334	and title if applicable. (NOTE: Re	13. 1.1 TITLE	signature required v				e Addition
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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, mith all other like empowered.

CITY-ST-ZIP

SIGNATURE: Bernard, Schlossberg

/29/99

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May 05, 1999 8:00 am Secretary of State

05-05-1999 90079 021 \*\*\*150.00