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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name WM BRDCO PROF
WWW Driboo Thoi
Principal Place of Business
1800 N DIXIE HIGHWAY HOLLYWOOD FL 33020
Principal Place of Busine     1
Suite, Apt. #, etc.
22
City & State
23
Zip
9. Name
9. Name
ROSE, PETER A
OHOH MI ANDDEN

**FILED** Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90104 006 \*\*\*150.00

1. Corporation	MENT # P9600C CO PROPERTIES, INC.	095369	_				<b>ra</b> ij <b>aa</b> i <b>a</b> ja <b>a</b> lii <b>a</b> lii	<b>96</b>     <b>11</b>		<b>ijā (a)jā) ā</b> lj <b>eā</b> 111	30 <b>3</b> 0310 (30) 1083
Principal Place		Mailing Address									
1800 N DIXIE HIGHWAY HOLLYWOOD FL 33020 HOLLYWOOD FL 33020					·						
					L	n Data ta			E IN TH	IS SPACE	
							corporated or QI /1996	uamed			
2. Principal Pl	ace of Business	2a, Mailing Address		_	-	4. FEI Nu	<del>'</del>			1	Applied For
21 26						65-07	10862				Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	c.			5. Certifca	ate of Status Des	sired			Additional Required
22 City 8 Ct-14		City & State				C Clarkin	Carracian Fina		•		
City & State	•	28 28				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees					
Zip	Country	Zip	Country				rporation owes t		nt year	Intangible	
24	25	29	30				al Property Tax.			□Yes	□No
	9. Name and Address of Currer	nt Registered Agent	-	<b>A1</b>		0. Name	and Address of	New Re	gistere	d Agent	
ROS	e, peter a		81	Name							
	N ANDREWS AVENUE		82	Street	Address	(P.O. Box	Number is Not	Acceptat	ole)		}
SUITE 200										<del>-</del>	<del></del>
FORT LAUDERDALE FL 32301				Oit.						. 85 Zir	Code
			84	Í					F		
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statute	s, the above	-named	d corporat	ion submit	s this statement	for the p	ourpose the apr	of changing i	ts registered registered
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statutes		Joranons	Doard or d	mectors. I nereb	у авоор.	a io opp	,	-5.5.6.
SIGNATURE		(NOTE:				- coinctating			DATE		
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE:  OFFICERS AND DIRECTORS			i signatore i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR						
TITLE	P	☐ DELETE			P·	7 .C	4 Jacon	۶ ص		Change	Addition
NAME	MORRIS, WAYNE E		1.2 NAME		MOK		7,13	P 9	J19	hway	.
STREET ADDRESS	2032 SCOTT ST		1.3 STREE	ADDRESS	186		20.0	1	1 .	330 <i>2</i>	A I
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-S	T-ZIP	Honywood the			□ Change			
TITLE		☐ DELETE	2.1 TITLE								a C Addition
NAME			2.2 NAME	TADDRESS	,						
STREET ADDRESS CITY-ST-ZIP			2.4 CITY-S		'						
TITLE	-	☐ DELETE	3.1 TITLE		<del>                                     </del>		VALUE -			☐ Change	e
NAME.			3.2 NAME								
STREET ADDRESS			3.3 STREET	ADDRESS	;						1
CITY-ST-ZIP		F1	3.4. CITY-5	T-ZIP	ļ					[ ] Change	e Addition
TITLE		☐ DELETE	4.1 TITLE		1					∐ Changi	Addition
NAME			4. 2 NAME	, ADDOCOO							
STREET ADDRESS			4.3 STREE	TADDRESS	`						
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	. 4.0	<del> </del>		<del></del>			☐ Change	e Addition
NAME			5 2 NAME								ļ
STREET ADDRESS			5.3 STREE	ADDRESS	3						Ì
CITY-ST-ZIP			5.4 CITY-S	T-ZIP							
TITLE		☐ DELETE	6.1 TITLE							Change	e 🛅 Addition
NAME			6.2 NAME		,	,					
STREET ADDRESS			6.3 STREE	FADDRESS	'						
CITY-ST-ZIP			0.4 (111-5	1 - AIT	1						

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 the 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 flusted 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 with all other like empowered.

SIGNATURE: