


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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90129 003 ***158.75

0289761

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P97000014670

1. Corporation Name
NORTH BROWARD FARMS, INC.



Principal Place of Business 1600 WEST COMMERCIAL BLVD. FORT LAUDERDALE FL 33309	Mailing Address 1600 WEST COMMERCIAL BLVD. FORT LAUDERDALE FL 33309
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/14/1997	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0735038	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SPRUCE, WILLIAM D ESQ.
1600 WEST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORGAMAN, PHILIP E		1.2 NAME PHILIP E. MORGAMAN	
STREET ADDRESS 1600 WEST COMMERCIAL BLVD.		1.3 STREET ADDRESS 1600 W. COMMERCIAL BLVD.	
CITY-ST-ZIP FORT LAUDERDALE FL 33309		1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33309	
TITLE 	<input type="checkbox"/> DELETE	2.1 TITLE D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		2.2 NAME MARK STEPHENSON	
STREET ADDRESS 		2.3 STREET ADDRESS 1600 W. COMMERCIAL BLVD.	
CITY-ST-ZIP 		2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33309	
TITLE 	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		3.2 NAME NEAL NICHOLS	
STREET ADDRESS 		3.3 STREET ADDRESS 3251 WASHINGTON BLVD.	
CITY-ST-ZIP 		3.4 CITY-ST-ZIP ARLINGTON, VA. 22201	
TITLE 	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		4.2 NAME JOHN M. CAMILLO	
STREET ADDRESS 		4.3 STREET ADDRESS 221 W. OAKLAND PARK BLVD.	
CITY-ST-ZIP 		4.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33311	
TITLE 	<input type="checkbox"/> DELETE	5.1 TITLE D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		5.2 NAME WILLIAM D. SPRUCE	
STREET ADDRESS 		5.3 STREET ADDRESS 1600 W. COMMERCIAL BLVD.	
CITY-ST-ZIP 		5.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33309	
TITLE 	<input type="checkbox"/> DELETE	6.1 TITLE D/V/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		6.2 NAME DEBORAH S. GARDNER	
STREET ADDRESS 		6.3 STREET ADDRESS 1600 W. COMMERCIAL BLVD.	
CITY-ST-ZIP 		6.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33309	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
MARK STEPHENSON, PRESIDENT

3/9/99

(954) 493-6565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

NORTH BROWARD FARMS, INC.

ADDITIONAL DIRECTOR:

Title: D
Name: David B. Zugman
Street Address: 4875 N. Federal Hwy.
City-St-Zip: Ft. Lauderdale, Fla. 33308

P97000014670

444790-90129-3