

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

FILED
Jun 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000018956**
 1. Corporation Name
BROWARD UNDERWRITERS INC

Principal Place of Business Mailing Address
4407 W HALLANDALE BEACH BLVD
HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0733249		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		Zip		Country	
29		30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMERI Lawyer				81 Name AMERILAWYER CHARTERED			
				82 Street Address (P.O. Box Number is Not Acceptable) 343 ALMEIDA AVE			
				83			
				84 City CORAL GABLE FL 85 Zip Code 33134			

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	PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DONALD COLE		1.2 NAME				
STREET ADDRESS	9348 NW 24 PL		1.3 STREET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL 33024		1.4 CITY-ST-ZIP				
TITLE	SECRETARY	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DONALD COLE		2.2 NAME				
STREET ADDRESS	9348 NW 24 PL		2.3 STREET ADDRESS				
CITY-ST-ZIP	PEMB PINES FL 33024		2.4 CITY-ST-ZIP				
TITLE	TREASURER	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DONALD COLE		3.2 NAME				
STREET ADDRESS	9348 NW 24 PL		3.3 STREET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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.

SIGNATURE: **Donald Cole** 6-10-98 954 989 5637

CR2E034 (10/97)

DONALD COLE
4407 W HALLANDALE BCH BLVD
HOLLYWOOD, FL 33023

Request taken by: mmilligan
05-06-1998

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

ATTN: Div. of CORPORATIONS. We Never
RECEIVED OUR ANNUAL REPORT FORMS.
WE TELEPHONED ON 5-6-98 AND REQUESTED
THE FORMS. UPON RECEIPT OF FORMS, WE
HAVE COMPLETED & ATTACHED.
ENCL. COPY OF NAME CHANGE
M.O. FOR \$ 150 -

THANK YOU