## FILING FEE AFTER MAY 1ST IS \$550.00

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FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90183 034 \*\*\*150.00

## DOCUMENT # P97000059522

THE BROWARD COMPANIES, INC.



<b>&gt;_</b>	•							
Principal Place	of Business	Mailing Address				30101 01410 10101 011	.13 11010 1101 1001	
100 NE 3RD AVE. SUITE 850 100 NE 3RD AVE. SUITE 8 FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301			0		DO NOT WRITE IN	THIS SPACE		
					3. Date Incorporated or Qualifed			
					07/02/1997		ł	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 451 N		26 451 MIN S	Jacons L	2	65-0777825	1	Not Applicable	
Suite, Apt. #	<del></del>	Suite, Apt. #, etc.	71.3		5. Certificate of Status Desired	· · · · · ·	Additional Required	
City & State City & State					6. Election Campaign Financing	\$5.00	0 May Be	
23 P 200	tation FL	28 Plantato	s FL		Trust Fund Contribution	Added	d to Fees	
Zîp .	Country	Zip	Čountry		8. This corporation owes the current year			
24 3337			30 USA		Personal Property Tax.	∐ Yes	<u></u> ₩0	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	red Agent		
	IADY, THOMAS R		81 Name	=	RGS MASSEY		İ	
			ss (P.O. Box Number is Not Acceptable)		-			
100 1		<u>5\</u>	MILSPANS La	1e				
FTU	AUDERDALE FL 33301		83		• 5		l	
			84 City			85 Zir	p Code	
				10	utation	FL  ~  클	33325	
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named	corpor	ration submits this statement for the purpose	e of changing i	its registered	
office or re	egistered agent, or both, in the State of in temiliar with, and accept the obligation	f Florida. Such change was au	thorized by the con	oration	's board of directors. I hereby accept the a	ppointment as	registered	
•	Carrie will, and accept the deligation	AAA			4-19	-99	J	
SIGNATURE	Synature, typed or printel name of registered agent	and title if applicable. (NOTE:	Registered Agent signature	required v	when reinstating) DAT	E		é
12.	OFFICERS AND		13.		, ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	FORS IN 12	Š
TITLE	D	☐ DELETE	1.1 ΠΤΕ	P	D	Change	e 🔲 Addition	3
NAME	MASSEY, GEORGE		1.2 NAME	6	eorch massey		ļ	7
STREET ADDRESS	100 NE 3RD AVE, SUITE 850		1.3 STREET ADDRESS	4.5	edrce massey 51 mill springs l	ane	}	ű
CITY-ST-ZIP	FT LAUDERDALE FL 33301		1.4 CITY-ST-ZIP	PL	AUTOMON, FL 333	.25		Č
TITLE		☐ DELETE	2.1 TITLE	1	/5/P	☐ Change	e Addition	•
NAME Î			2.2 NAME	5	SUDRA - MASSEY		1	
STREET ADDRESS			2.3 STREET ADDRESS	45	SI MILL SPRINGS LA	wa	ļ	
1			2, 4 CITY-ST-ZIP	10	AUTATION FL 33	325	i	
CITY-ST-ZIP TITLE	-	☐ DELETE	3.1 TITLE		<u> </u>	☐ Change	e Addition	
NAME			13.2 NAME		<u>ت</u> .		-	
· .			3.3 STREET ADDRESS				j	
STREET ADDRESS			3.4. CITY- ST-ZIP				}	
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		<b>_</b>	4. 2 NAME				ì	
NAME			4.3 STREET ADDRESS					
STREET ADDRESS				'			Ì	ı
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	<del> </del>		Change	e Addition	
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TITLE	•	☐ DELETE		1		Criangi		
NAME			6.2 NAME	.				
STREET ADDRESS			6.3 STREET ADDRESS	Ί				

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.