


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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90084 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000087045 1. Corporation Name BROWARD GAS SERVICE OF NORTH FLORIDA, INC.			
Principal Place of Business 3075 SILVER STAR ROAD SUITE 221 ORLANDO FL 32808		Mailing Address 3075 SILVER STAR ROAD SUITE 221 ORLANDO FL 32808	
2. Principal Place of Business 21 3311 BARTLETT BLVD Suite, Apt. #, etc.		2a. Mailing Address 28 3311 BARTLETT BLVD Suite, Apt. #, etc.	
22 City & State 23 ORLANDO, FL Zip Country 24 32811 25		27 City & State 28 ORLANDO, FL Zip Country 29 32811 30	
9. Name and Address of Current Registered Agent BLODIG, GREGORY J ESQ GREENSPOON MARDER HIRSCHFELD, ET AL 100 WEST CYPRESS CREEK ROAD SUITE 700 FT. 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 re-registering) DATE _____			
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME REED, RUSSELL N STREET ADDRESS 3075 SILVER STAR ROAD SUITE 221 CITY-ST-ZIP ORLANDO FL 32808		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME MARCIA REED 1.3 STREET ADDRESS 3311 BARTLETT BLVD 1.4 CITY-ST-ZIP ORLANDO FL 32811	
TITLE D <input type="checkbox"/> DELETE NAME REED, MARCIA K STREET ADDRESS 3075 SILVER STAR ROAD SUITE 221 CITY-ST-ZIP ORLANDO FL 32808		2.1 TITLE VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME RUSSELL N REED 2.3 STREET ADDRESS 3311 BARTLETT BLVD 2.4 CITY-ST-ZIP ORLANDO FL 32811	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND FULLER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcia K. Reed - President

2/1/99 407 316 8010

3/24/99 954-971-0456

CR2E034 (1/198)