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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9
1. Corporation Narrie

AVON OF BROWARD, INC. P97000091829 (6)

FILED Feb 13 1998 8:00am Secretary of State

| MON | or briotralib; iito: | | | | | |
|--|------------------------------------|---------------------|---------------------------------------|--------------|------------|--|
| Principal Place | e of Business | Mailing Add | ress | | | |
| 7691 RALEIGH STREET | | 7691 RALEIGH STREET | | | | |
| HOLLYWOOD FL 33024 | | HOLLYWOOD FL 33024 | | | | |
| | | | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | 3. Date Incorporated or Qualified 10/24/1997 |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number Applied For |
| 21 | | 26 | · · · · · · · · · · · · · · · · · · · | | | 65-079/306 Not Applicable |
| Suite, Apt. | #, etc | - | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired S8.75 Additional |
| 22 | | 27 | <u> </u> | | | Fee Required |
| City & State | 9 | }····¬ | City & State | | | 6. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| Zip | Country | 7+p | ····· | Country | | |
| | 25 | 29 | 30 | ¬ ' | • | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🔀 Yes 🔲 No |
| 24 | 9. Name and Address of Current | | | <u>'1</u> | | 10. Name and Address of New Registered Agent |
| KII | VG, TAMIE ANN | | | 81 | Name A | |
| | 91 RALEIGH STREET | | | L., | DA | RUCE E. KING |
| HOLLYWOOD FL 33024 | | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable) |
| HOLLI WOOD PL 33024 | | | | | 10 | TI KILLION STACE |
| | | | | | | |
| | | | | 84 | City H | OLYWOOD FL 85 Zo Code 33024 |
| 44. December 1977 1997 - 1977 1999 - 1977 1999 Clarker the phase are advantaged in this obstance of sharping the same | | | | | | |
| office or registered agent, or both, in the State of Forda, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar uptop and accept the obligations of Section 607.0505, Florida Statutes. | | | | | | |
| -1/4 of //4/) | | | | | | |
| SIGNATURE Signature, lyand or protect cause of tregistered apparary regulated apparature (NOTE, Begistered Agent signature required when reinstating) OAVE | | | | | | |
| 12. | OF ICERS AND | | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD / | 5 | DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KING, TAMIE ANN | • | Ť | 1.2 NAME | | |
| STREET ADDRESS | 7691 RALEIGH STREET | | | 1.3 STREET | T ADDRESS | |
| CITY - ST - ZIP | HOLLYWOOD FL 33024 | | | 1.4 CITY-5 | ST-ZIP | |
| TITLE | 77 | |] DELETE | 2.1 TITLE | | Change Addition |
| NAME | PRULE E. KING 1691 RALEIGH STRE | 1-4 | | 2.2 NAME | | |
| STREET ADDRESS | 7641 KALETON 32 | Ĵ | | 2.3 STREE | T ADDRESS | |
| CITY-ST-ZIP | HOLLYWOD, FL 3,302 | | | 2. 4 CITY- | ST-ZIP | |
| TITLE | • | L. | DELETE | 3.1 TITLE | | Change Addition |
| NAME | | | | 3.2 NAME | | |
| STREET ADDRESS | | | | 3.3 STREET | T ADDRESS | |
| CITY-ST-ZIP | | | | 3 4. CITY- | ST-ZIP | |
| TITLE | | L | _] DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | | 4. 2 NAME | | |
| STREET ADDRESS | | | | 4.3 STREE | T ADDRESS | |
| CITY-ST-ZIP | | | | 4 4 CITY-3 | ST-ZIP | |
| TITLE | | L | DELETE | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | | | 5.2 NAME | | |
| STREET ADDRESS | | | | 5.3 STREE | T ADDRESS | |
| CITY-ST-ZIP | | | 7.50.55 | 5 4 CITY-1 | ST-ZIP | |
| TITLE | | L |] DELFTE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | | 6.2 NAME | | |
| STREET ADDRESS | | | | 6.3 STREE | T ADDRESS | |
| CITY-\$1-ZIP | | | | 6.4 CITY - 3 | ST-ZIP | |

14. Thereby 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, on an allaching with an address.