


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

FILED

Jan 30 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 # S02278 (7) 1. Corporation Name OFFICE CENTER OF DAVIE, INC.					
Principal Place of Business 4800 SW 64 AVE SUITE 104 DAVIE FL 33314			Mailing Address 4800 SW 64 AVE SUITE 104 DAVIE FL 33314		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/24/1990	
21 Suite, Apt. #, etc.		25 Suite, Apt. #, etc.		4. FEI Number 65-0217906	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SAM ENGEL, JR. 4800 SW 64TH AVENUE #104 DAVIE FL 33314				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code FL 33314	
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					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME ENGEL, SAM, JR.					
1.3 STREET ADDRESS 4800 S. W. 64TH AVE, #104					
1.4 CITY - ST - ZIP DAVIE FL					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME TOMECEK, RONALD					
2.3 STREET ADDRESS 6001 S.W. 45TH STREET					
2.4 CITY - ST - ZIP DAVIE FL					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME MILLER, ROBERT H					
3.3 STREET ADDRESS 1800 N DOUGLAS ROAD					
3.4 CITY - ST - ZIP PEMBROKE PINES FL					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME MATTHEWS, DENBY S.					
4.3 STREET ADDRESS 4800 SW 64TH AVE. #101					
4.4 CITY - ST - ZIP DAVIE FL					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Days Phone # 0285253

CR2E034 (10/97)