

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S49358 (2)

1. Corporation Name

SOMERSET BROWARD, INC.



Principal Place of Business

Mailing Address

899 W CYPRESS CREEK
STE 910
FT LAUDERDALE FL 33309
US

899 W. CYPRESS CREEK ROAD.
STE 910
FT LAUDERDALE FL 33309
US

3. Date Incorporated or Qualified
05/02/1991

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 1250 E. Hallandale Beach Blvd.

26 1250 E. Hallandale Beach Blvd.

4. FEI Number
59-3068041

Applied For
Not Applicable

22 Suite, Apt #, etc
Suite 805

27 Suite, Apt #, etc
Suite 805

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State
Hallandale, FL

28 City & State
Hallandale, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip Country
33009 US

29 Zip Country
33009 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHERMAN, ALVIN
899 W. CYPRESS CREEK ROAD
STE. 910
FT. LAUDERDALE 33309

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1250 E. Hallandale Beach Blvd., #805

84 City
Hallandale

85 Zip Code
FL 33009

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

Signature of Principal Officer or Director (Required for Application)

(NOTE: Registered Agent signature required when filing change)

Date:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	SHERMAN, ALVIN	
STREET ADDRESS	899 W. CYPRESS CREEK ROAD, STE. 910	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	1250 E. Hallandale Beach Blvd., #805
14 CITY-ST-ZIP	Hallandale, FL 33009
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Part 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alvin Sherman
ALVIN SHERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/96 954-455-9000
Diyana Phone #

CR2E034 (3/96)