

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

FILED
Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S59273** (0)
1. Corporation Name
NFS OF BROWARD, INC.

Principal Place of Business
**1950 EISENHOWER BLVD.
FT. LAUDERDALE FL 33316**

Mailing Address
**111 SIXTH ST
CAMBRIDGE MA 02141**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/10/1991	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
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.				81. Name	
SIGNATURE				82. Street Address (P.O. Box Number is Not Acceptable)	
Signature, typed or printed name of registered agent and title if applicable				83.	
(NOTE: Registered Agent signature required when reinstating)				84. City	
DATE				85. Zip Code	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	8 HAWTHORNE AVE.	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP	WINCHESTER MA 01890	2.1 TITLE	2.2 NAME
TITLE	GLINSKI, PAUL E.	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
STREET ADDRESS	36 WASH POND ROAD	3.1 TITLE	3.2 NAME
CITY - ST - ZIP	HAMPSTEAD NH 03841	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
TITLE		4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
CITY - ST - ZIP		5.1 TITLE	5.2 NAME
TITLE		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
STREET ADDRESS		6.1 TITLE	6.2 NAME
CITY - ST - ZIP		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 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; the 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 on Block 12 or Block 13 if changed, or on Block 14 if added with an address.

SIGNATURE:

PAUL E. GLINSKI, Treasurer

2-6-98 (117)499-2

2E034 (10/97)