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PROFIT CORPORATION ANNUAL REPORT

. 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V00130 1. Corporation Name

NORTH BROWARD REALTY, INC.

	•					BBU, BBU) BBBU BBU BBBU	
Principal Plac	ce of Business	Mailing Address				SAN SCON BIBLI BEST BISN	
2175P N. POW	ERLINE RD.	9310 NW 36TH PLACE					
POMPANO BEACH FL 33069 SUNRISE FL 33351							
US 7	1 8	US				IN THIS SPACE	
					3. Date Incorporated or Qualifed		Ì
					12/12/1991		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		pplied For
21		26			65-0303136		ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22		27				Fee R	equired
City & Sta	te .	City & State			6. Election Campaign Financing		May Be
23	- 10 T + 1 T P P P P P P P P P P P P P P P P P P	28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the curren	· <u>-</u>	_
24	25		30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Co			41	10. Name and Address of New Reg	gistered Agent	
. 14.7	E, SCOTT	· · · · · · · · · · · · · · · · · · ·	8	1 Name			
JAZI	D NW 36TH PLACE	The second state	8	2 Street Ad	dress (P.O. Box Number is Not Acceptable	e)	
		Comment of the control			en and a conference of the	man and company a company.	Stort Alexa (Sp.
201/	IRISE FL 33351		8	3			
	•		ã	4 City	्रपुर्वे विकास विकास विकास विकास वि	7777	Code is 150
		•	l°	+ City	ंति _{या} त्रिक्तिदिया क्रिक्ति ।	FL 85 Zip	Code
11.; Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, Florida Statute	es, the abo	ve-named co	orporation submits this statement for the pu	rpose of changing its	registered
office of	registered agent, or both, in the S	State of Florida. Such change was at	uthorized b	v the corpora	ation's board of directors. I hereby accept t	the appointment as re	egistered
		shippotions of Section 607 0505 Flor	nda Statuti	e			
	્તા કે કે	obligations of, Section 607.0505, Flor	nda Statute	s.			
SIGNATURE	- 1 A			es.	uired when reinstating) ? 5.55	DATE	
	Signature, typed or printed name of registere			es.	uired when reinstating) (# [53] ; ADDITIONS/CHANGES TO OFFIC		ORS IN 12
SIGNATURE	Signature, typed or printed name of registere	ed agent and title if applicable. (NOTE:	Registered Ag	ent signature requ	ADDITIONS/CHANGES TO OFFIC		DRS IN 12
SIGNATURE	Signature, typed or printed name of registers OFFICER	ed agent and title if applicable. (NOTE:	Registered Ag	ent signature requ		CERS AND DIRECTO	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registers OFFICER DPT JAZE, SCOTT	ed agent and title if applicable. (NOTE:	13. 1.1 TITLE	ent signature requ	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	
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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 fustee 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 evaluation with an address, with all other like empowered.

SIGNATURE

CITY-ST-ZIP

FILED

Jan 30, 1999 8:00am

Secretary of State

01-30-1999 90001 011 ***150.00