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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V41917

(8)

Secretary of State

**FILED** 

Feb 13 1998 8:00am

| 1. Corporatio                               |                       |                          |   |                     | ,                      | \ <b>-</b> /       |                      |          |                      |  |   |              |             |              |
|---|-----------------------|--------------------------|---|---------------------|------------------------|--------------------|----------------------|----------|----------------------|--|---|--------------|-------------|--------------|
| BROWA                                       | ARD DAN               | CE                       | ACADEMY, INC                                | ı                   |                        |                    |                      |          |                      |  |   |              |             |              |
|   |                       |                          |   |                     |                        |                    |                      |          |                      |  |   |              |             |              |
|   |                       |                          |   |                     |                        |                    |                      |          |                      |  |   |              |             |              |
| Principal Place of Business Mailing Address |                       |                          |   |                     |                        |                    |                      |          |                      |  | 1 10011 011111 01201 11010 10101 11011 11011 11011                                    | , 6,6,1 6,61 | • • • • • • |              |
| 840 E. OAKL                                 |                       | 840 E. OAKLAND PK. BLVD. |   |                     |                        |                    |                      |          |                      |  |   |              |             |              |
| OAKLAND PARK FL 33334 OAKLAND PARK          |                       |                          |   |                     |                        |                    | ( FL 33334           |          |                      | DO NOT WRITE IN THIS SPACE                   |   |              |             |              |
|   |                       |                          |   |                     |                        |                    |                      |          |                      | 3  | Date Incorporated or Qualified  | OFFICE       |             |              |
|   |                       |                          |   |                     |                        |                    |                      |          |                      | "  | 06/08/1992  |              |             |              |
| 2. Principal P                              | lace of Busi          | ness                     |   | 2a. Mailing Address |                        |                    |                      |          | ·                    | 4.   | , FEI Number  |              | App         | lied For     |
| 21  |                       | 26                       |   |                     |                        |                    |                      |          | 65-0263922           |  | +   | Applicable   |             |              |
| Suite, Apt. #, etc.                         |                       |                          |   |                     | Suite, Apt. #, etc.    |                    |                      |          |                      | -  | Certificate of Status Desired   | \$8.7        | 5 A         | ditional     |
| 22  |                       |                          |   |                     | 27                     |                    |                      |          |                      | 5.   | , Certificate of Status Desired   | Fee          | Req         | uired        |
| City & State                                |                       |                          |   |                     | City & State           |                    |                      |          |                      | 6. Election Campaign Financing \$5.00 May Be |   |              |             |              |
| 23  |                       |                          |   |                     | 28                     |                    |                      |          |                      |  | Trust Fund Contribution   | Add          | ed to       | Fees         |
| Zip   | Country               |                          |   | Zip                 |                        |                    |                      | Country  |                      |  | 8. This corporation owes or has paid the current year Intangible                      |              |             |              |
| 24  | 25                    |                          |   | ·                   |                        |                    | 30                   |          |                      |  | Personal Property Tax due June 30. Yes No   |              |             |              |
|   |                       |                          | Address of Current                          | Regisi              | lerea Agen             | nt                 |                      | 31       | Name                 | 10.  | Name and Address of New Registered  | Agent        |             |              |
|   | VID, DIANA            |                          |   |                     |                        |                    |                      | "        | Name                 |  |   |              |             |              |
| 2100 N.E. 15 AVE.                           |                       |                          |   |                     |                        |                    |                      | 32       | Street Addre         | ress (P.O. Box Number is Not Acceptable)     |   |              |             |              |
| FT. LAUDERDALE FL 33305                     |                       |                          |   |                     |                        |                    |                      | 33       |                      |  |   |              |             |              |
|   |                       |                          |   |                     |                        |                    |                      | ~        |                      |  |   |              |             |              |
|   |                       |                          |   |                     |                        |                    | 1                    | 34       | City                 |  | EI  | 85 Z         | Zip Co      | ode          |
| 11 Pursuant                                 | In the provis         | sions i                  | of Sections 607 0502                        | and 60              | 17 1508 Fid            | rida Štatute       | es the ahr           | 100      | a-named corne        | oratio                                       | on submits this statement for the purcose of  | ■ L          | in its      | registered   |
| office or r                                 | egi <b>ste</b> red aç | jent,                    | or both, in the State of accept the obligat | Horid               | la. Such ch            | ange was a         | uthorized            | by       | the corporation      | on's l                                       | on submits this statement for the purpose oboard of directors. I hereby accept the ap | pointment    | asre        | gistered     |
| _   | m r <b>a</b> minar w  | iui, ai                  | i <b>d s</b> ecebt the obligar              | ions oi,            | , Section bu           | 77.0000, FRO       | niua Siaiu           | IUS      | ·•                   |  |   |              |             |              |
| SIGNATURE                                   | Signature types       | i or prei                | ed name of registered agen                  | and title i         | if <b>a</b> pplicatile | (NOTE              | - Fingistered        | \ge      | of signature require | a wher                                       | reinstating) DATE   |              |             |              |
| 12.   |                       |                          | OFFICERS AND                                | DIREC               | TORS                   |                    | 13.                  |          |                      |  | ADDITIONS/CHANGES TO OFFICERS AN  | D DIRECT     | ORS         | IN 12        |
| TITLE                                       | DPV                   |                          |   |                     |                        | DELETE             | 1.1 1(TL             | E        |                      |  |   | ☐ Chang      | ge          | Addition     |
| NAME  |                       |                          |   |                     |                        | 1.2 !              |                      |          | 1.2 NAME             |  |   |              |             |              |
| STREET ADDRESS                              | and PK BLVD           | 1.3 5                    |   |                     | 1.3 STR                | 1.3 STREET ADDRESS |                      |          |                      |  |   |              |             |              |
| CITY - ST - ZIP                             | OAKLAN                | VRK FL                   |   |                     |                        | 1.4 CITY           | 1.4 CITY - ST - ZIP  |          |                      |  |   |              |             |              |
| TITLE                                       | TS .                  |                          |   |                     |                        | DELETE             | 2.1 TiTL             | E        |                      |  |   | ∐ Chang      | ge          | Addition     |
| NAME  | DAVID, DIANA M.       |                          |   |                     | 2.2                    |                    |                      | 2.2 NAME |                      |  |   |              |             |              |
| STREET ADDRESS 840 E. OAKLAND PARK BLVC     |                       |                          |   |                     | 2.3 \$                 |                    |                      |          | ADDRESS              |  |   |              |             |              |
| CITY-ST-ZIP                                 | QAKLAN                | ND P                     | NAK FL                                      |                     |                        |                    | 2. 4 CIT             | _        | T-ZIP                |  |   | <del></del>  |             |              |
| TETLE                                       |                       |                          |   |                     | Ц                      | DELETE             | 3.1 TITU             |          |                      |  |   | ∟ Chang      | 1e          | Addition     |
| NAME  |                       |                          |   |                     |                        |                    | 3.2 NAM              |          |                      |  |   |              |             |              |
| STREET ADDRESS                              |                       |                          |   |                     |                        |                    |                      |          | ADDRESS              |  |   |              |             |              |
| CITY-ST-ZIP                                 |                       |                          |   |                     | <del></del>            | DELETE             | 3.4. CIT             |          | T - ZIP              |  | <del> </del>  | T ALL        |             | T Address:   |
| TITLE                                       |                       |                          |   |                     | 니                      | DELETE             | 4 1 1111             |          |                      |  |   | ☐ Chang      | 16          | Addition     |
| NAME  |                       |                          |   |                     |                        |                    | 4. 2 NAM             |          |                      |  |   |              |             |              |
| STREET ADDRESS                              |                       |                          |   |                     |                        |                    | 1                    |          | ADDRESS              |  |   |              |             |              |
| CITY-ST-ZIP                                 |                       |                          |   |                     |                        | DELETE             | 4.4 CITY             |          | I - ZIP              |  |   | Chang        |             | Addition     |
| TITLE                                       |                       |                          |   |                     | Ш                      | DELETE             | 5.1 TITU             |          |                      |  |   | L. J Charly  | J.O         | L. AUUIIIOII |
| NAME  |                       |                          |   |                     |                        |                    | 5.2 NAM              |          | *DDDCCC              |  |   |              |             |              |
| STREET ADDRESS                              |                       |                          |   |                     |                        |                    |                      |          | ADDRESS              |  |   |              |             |              |
| CITY-ST-ZIP<br>TITLE                        | <del></del>           |                          |   |                     |                        | DELETE             | 5.4 City<br>6.1 Titu |          | - til.               |  | ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | Chang        |             | Addition     |
| NAME  |                       |                          |   |                     | ب                      | F                  | 6.2 NAM              |          |                      |  |   | Land Orient  | 1~          |              |
| STREET ADDRESS                              |                       |                          |   |                     |                        |                    |                      |          | ADMBECC              |  |   |              |             |              |
| OTHER ADDRESS                               |                       |                          |   |                     |                        |                    | 0.0 0 INE            | (۱۱.     | ADDRESS              |  |   |              |             |              |

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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii), Florida Statutes. I further certify that the informa