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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705066 (9)
 1. Corporation Name
BROWARD COUNTY BAR ASSOCIATION

Principal Place of Business 1051 SE THIRD AVE. FORT LAUDERDALE FL 33316	Mailing Address 1051 SE THIRD AVE. FORT LAUDERDALE FL 33316
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3. Date Incorporated or Qualified 01/14/1963	
4. FEI Number 59-1036561	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

WHITE, CYNTHIA R.
 1051 SE 3RD AVE
 FT. LAUDERDALE FL 33316

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PE	<input type="checkbox"/> DELETE
NAME	WICH, DONALD A. JR	
STREET ADDRESS	2400 E COMMERCIAL BLVD, STE 620	
CITY-ST-ZIP	FT LAUDERDALE F	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DINER, JESSE H	
STREET ADDRESS	1946 TYLER ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CAMPBELL, WALTER G JR	
STREET ADDRESS	700 S E 3RD AVE SUITE 100	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	COONEY, LYNN F	
STREET ADDRESS	633 S FEDERAL HWY STE 800	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZIPPAY, CATHERINE W	
STREET ADDRESS	1401 UNIVERSITY DR STE 301	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHAMBLISS, LINDA	
STREET ADDRESS	707 S.E. 3RD AVENUE, STE 401	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mark F. Butler	
2.3 STREET ADDRESS	4601 Sheridan St., Ste. 505	
2.4 CITY-ST-ZIP	Hollywood, FL 33021	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Futch, Lynn	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Deborah Poore Knight	
6.3 STREET ADDRESS	707 S.E. 3rd Ave., 3rd Floor	
6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **1/9/98 (934) 986-2291**

CR2E037 (10/97)