

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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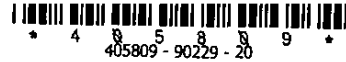
NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 705066

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/14/1963	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1036561	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		29	
24		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WHITE, CYNTHIA R. 1051 SE 3RD AVE FT. LAUDERDALE FL 33316				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	WICH, DONALD A. JR	1.2 NAME	
STREET ADDRESS	2400 E COMMERCIAL BLVD, STE 620	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE F	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	PE
NAME	MARK F BUTLER	2.2 NAME	
STREET ADDRESS	4601 SHERIDAN ST STE 505	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D
NAME	CAMPBELL, WALTER G JR	3.2 NAME	Kevin P. Tynan
STREET ADDRESS	700 S E 3RD AVE SUITE 100	3.3 STREET ADDRESS	5900 N. Andrews Ave STE 835
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft. Lauderdale FL 33309
TITLE	PE	4.1 TITLE	P
NAME	FUTCH LYNN	4.2 NAME	
STREET ADDRESS	633 S FEDERAL HWY STE 800	4.3 STREET ADDRESS	2601 W. Broward Blvd
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	Ft. Lauderdale FL 33312
TITLE	D	5.1 TITLE	
NAME	ZIPPAY, CATHERINE W	5.2 NAME	
STREET ADDRESS	1401 UNIVERSITY DR STE 301	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	DEBORAH POORE KNIGHT	6.2 NAME	
STREET ADDRESS	707 SE 3RD AVE 3RD FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	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)(l), 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 4-16-99 DAYTIME PHONE #: 954-764-8040

CR2E037 (1/98)