

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandia B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 29 PM 7:10

DOCUMENT # **713360** (6)  
1. Corporation Name  
**BROWARD COUNTY TRIAL LAWYERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
~~707 SE 3RD AVE.~~ ~~707 SE 3RD AVE.~~  
~~SUITE 401~~ ~~#401~~  
~~FT. LAUDERDALE FL 33302~~ ~~FT. LAUDERDALE FL 33302~~  
~~US~~ ~~US~~

2. Principal Place of Business 2a. Mailing Address  
21 8100 N University Drive 26 8100 N University Drive  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Suite 202 27 Suite 202  
City & State City & State  
23 Tamarac FL 28 Tamarac FL  
Zip Country Zip Country  
24 33321 25 USA 29 33321 30 USA

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified 3a. Date of Last Report  
09/22/1967 01/31/1994  
4. FEI Number Applied For  
65-0066074 Not Applicable  
5. Certificate of Status Desired  \$6.75 Additional Fee Required  
6. Election Campaign Financing  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
~~DOYLE, KIMBERLY H~~  
~~707 SE 3RD AVE~~  
~~#401~~  
~~FT. LAUDERDALE FL 33302~~  
10. Name and Address of New Registered Agent  
81 Name DAN CYTRYN  
82 Street Address (P.O. Box Number is Not Acceptable) 8100 N University Drive  
83 Suite 202  
84 City Tamarac, FL 85 Zip Code 33321

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.

SIGNATURE \_\_\_\_\_, President DATE March 8, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TO	11 TITLE	President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, ROBERT W	12 NAME	Dan Cytryn
STREET ADDRESS	1212 SE 3RD AVE.	13 STREET ADDRESS	8100 N. University Drive, Suite 202
CITY ST ZIP	FT. LAUDERDALE FL	14 CITY ST ZIP	Tamarac, FL 33321
TITLE	PD	21 TITLE	Vice President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, KIMBERLY HALL	22 NAME	Thomas S. Buser
STREET ADDRESS	707 SE 3RD AVE., #401	23 STREET ADDRESS	700 S.E. 3rd Avenue, Suite 100
CITY ST ZIP	FT. LAUDERDALE FL	24 CITY ST ZIP	Ft. Lauderdale, FL 33316
TITLE	VPD	31 TITLE	Secretary D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYTRYN, DAN	32 NAME	Robert W. Kelley
STREET ADDRESS	5950 W. OAKLAND PARK BLVD	33 STREET ADDRESS	1212 S.E. 3rd Avenue
CITY ST ZIP	LAUDERHILL FL	34 CITY ST ZIP	Ft. Lauderdale, FL 33316
TITLE	SO	41 TITLE	Treasurer D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSER, THOMAS E.	42 NAME	Jeffrey J. Walker
STREET ADDRESS	700 SE THIRD AVENUE, SUITE 100	43 STREET ADDRESS	110 S.E. 6th Street, Suite 1650
CITY ST ZIP	FT. LAUDERDALE FL	44 CITY ST ZIP	Ft. Lauderdale, FL 33301
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 appointment with an address.

SIGNATURE: \_\_\_\_\_, President DATE March 8, 1995 (305) 724-2000