

FILE NOW: FILING FEE-IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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



Principal Place of Business: 8100 N UNIVERSITY DRIVE SUITE 202 TAMARAC F 33321 US
Mailing Address: 8100 N UNIVERSITY DRIVE SUITE 202 TAMARAC FL 33321 US

3. Date Incorporated or Qualified: 09/22/1967
3a. Date of Last Report: 03/29/1995

2. Principal Place of Business: 21 700 S.E. Third Avenue
Suite, Apt. #, etc.: 22 Suite 100
City & State: 23 Fort Lauderdale, FL
Zip: 24 33316
Country: 25 U.S.

2a. Mailing Address: 26 700 S.E. Third Avenue
Suite, Apt. #, etc.: 27 Suite 100
City & State: 28 Fort Lauderdale, FL
Zip: 29 33316
Country: 30 U.S.

4. FEI Number: 65-0066074
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
CYTRYN, DAN
8100 N UNIVERSITY DRIVE
SUITE 202
TAMARAC FL 33321

10. Name and Address of New Registered Agent
81 Name: Buser, Thomas E.
82 Street Address (P.O. Box Number is Not Acceptable): 700 S.E. Third Avenue
83 Suite 100
84 City: Fort Lauderdale FL 85 Zip Code: 33316

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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: 2/27/96

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input checked="" type="checkbox"/> DELETE
NAME: CYTRYN, DAN	
STREET ADDRESS: 8100 N UNIVERSITY DRIVE, SUITE 202	
CITY-ST-ZIP: TAMARAC FL	
TITLE: VPD	<input checked="" type="checkbox"/> DELETE
NAME: BUSER, THOMAS E	
STREET ADDRESS: 700 SE 3RD AVENUE, SUITE 100	
CITY-ST-ZIP: FT. LAUDERDALE FL	
TITLE: SD	<input checked="" type="checkbox"/> DELETE
NAME: KELLEY, ROBERT W	
STREET ADDRESS: 1212 SE 3RD AVENUE	
CITY-ST-ZIP: FT LAUDERDALE FL	
TITLE: TD	<input checked="" type="checkbox"/> DELETE
NAME: WALKER, JEFFREY J	
STREET ADDRESS: 110 SE 6TH STREET, SUITE 1650	
CITY-ST-ZIP: FT. LAUDERDALE FL	
TITLE: []	<input type="checkbox"/> DELETE
NAME: []	
STREET ADDRESS: []	
CITY-ST-ZIP: []	
TITLE: []	<input type="checkbox"/> DELETE
NAME: []	
STREET ADDRESS: []	
CITY-ST-ZIP: []	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: Buser, Thomas E.	
1.3 STREET ADDRESS: 700 S.E. Third Avenue, Suite 100	
1.4 CITY-ST-ZIP: Fort Lauderdale, FL 33316	
2.1 TITLE: VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: Kelley, Robert W.	
2.3 STREET ADDRESS: 1212 S.E. Third Avenue	
2.4 CITY-ST-ZIP: Fort Lauderdale, FL 33316	
3.1 TITLE: SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: Walker, Jeffrey J.	
3.3 STREET ADDRESS: 110 S.E. 6th Street, Suite 1650	
3.4 CITY-ST-ZIP: Fort Lauderdale, FL 33301	
4.1 TITLE: TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: Weissing, Matthew D.	
4.3 STREET ADDRESS: 200 S.E. 9th Street	
4.4 CITY-ST-ZIP: Fort Lauderdale, FL 33316	
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: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME: []	
6.3 STREET ADDRESS: []	
6.4 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 119.07(3)(k), 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] 2/27/96 (954) 763-8181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)