

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 OCT -6 PM 3:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 713360 (6)

1. Corporation Name
BROWARD COUNTY TRIAL LAWYERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
700 SE 3RD AVENUE SUITE 100 FT. LAUDERDALE FL 33316 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified **09/22/1967** 3a. Date of Last Report **03/06/1996**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**BUSER, THOMAS E
 700 SE 3RD AVENUE
 SUITE 100
 FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent
 81 Name **Kelley, Robert W.**
 82 Street Address (P.O. Box Number is Not Acceptable) **1212 SE 3rd Avenue**
 83
 84 City **Ft. 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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUSER, THOMAS E	
STREET ADDRESS	700 SE 3RD AVENUE, SUITE 100	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KELLEY, ROBERT W	
STREET ADDRESS	1212 SE 3RD AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WALKER, JEFFREY J	
STREET ADDRESS	100 SE 6TH STREET, SUITE 1650	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WEISSING, MATTHEW D	
STREET ADDRESS	200 SE 9TH STREET	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kelley, Robert W.	
1.3 STREET ADDRESS	1212 SE 3rd Avenue	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Walker, Jeffrey J.	
2.3 STREET ADDRESS	100 SE 6th St., Suite 1650, Ft. Lau	
2.4 CITY-ST-ZIP	FL 33316	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Weissing, Matthew D	
3.3 STREET ADDRESS	200 SE 9th St., Ft. Laud, FL 33316	
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Slama, Joseph J.	
4.3 STREET ADDRESS	700 SE 3rd Ave., Suite 100	
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	600002317676-5	
5.4 CITY-ST-ZIP	-10/10/97--01034--006	
	*****61.85 *****61.25	
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 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 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 REQUIRED _____

CR2E037 (497)

10-7-97