

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 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 # 713360 (6)
1. Corporation Name
BROWARD COUNTY TRIAL LAWYERS ASSOCIATION, INC.



Principal Place of Business 700 SE 3RD AVENUE SUITE 100 FT. LAUDERDALE FL 33316 US	Mailing Address 700 SE 3RD AVENUE SUITE 100 FT. LAUDERDALE FL 33316 US
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3. Date Incorporated or Qualified 09/22/1967	4. FEI Number 65-0066074 59-2249854	Applied For Not Applicable
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2. Principal Place of Business 21 4875 N. Federal Hwy, 10th Floor Ste 1650	2a. Mailing Address PO Box 2357 4875 N. Federal Hwy.	26. Suite, Apt. #, etc. 10th Floor	27. Suite, Apt. #, etc. 10th Floor
23 City & State Ft. Lauderdale, FL	28 City & State Ft. Lauderdale, FL	24 Zip 33308 4610	25 Country USA
29 Zip 33308 33303	30 Country USA	9. Name and Address of Current Registered Agent KELLEY, ROBERT W 1212 SE 3RD AVENUE FT. LAUDERDALE FL 33316	

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 checked="" 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 checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent KELLEY, ROBERT W 1212 SE 3RD AVENUE FT. LAUDERDALE FL 33316		10. Name and Address of New Registered Agent 81 Name Jeffrey Walker 82 Street Address (P.O. Box Number is Not Acceptable) 100 SE 6th Street, Ste. 1650 83 84 City Ft. Lauderdale, FL FL 85 Zip 33316	
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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 Jeffrey Walker, Pres. (954) 333-1650 1/6/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME KELLEY, ROBERT W STREET ADDRESS 1212 SE 3RD AVENUE CITY-ST-ZIP FT. LAUDERDALE FL 33316	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President /D 1.2 NAME Jeffrey Walker 1.3 STREET ADDRESS 100 SE 6th St., #1650, Ft. Laud, FL 1.4 CITY-ST-ZIP 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME WALKER, JEFFREY J STREET ADDRESS 100 SE 6TH ST., STE. 1650 CITY-ST-ZIP FT. LAUDERDALE FL 33316	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Vice President /D 2.2 NAME Matthew Weissing 2.3 STREET ADDRESS 200 SE 9th St., Ft. Lauderdale, FL 2.4 CITY-ST-ZIP 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME WEISSING, MATTHEW D STREET ADDRESS 200 SE 9TH ST. CITY-ST-ZIP FT. LAUDERDALE FL 33316	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Secretary /D 3.2 NAME Joseph Slama 3.3 STREET ADDRESS 700 SE 3rd Avenue, #100, Ft. Laud 3.4 CITY-ST-ZIP 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME SLAMA, JOSEPH J STREET ADDRESS 700 SE 3RD AVE., STE. 100 CITY-ST-ZIP FT. LAUDERDALE FL 33316	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Treasurer /D 4.2 NAME William Haury, Jr. 4.3 STREET ADDRESS 4875 N. Federal Hwy, 10th Fl., Ft. Laud 4.4 CITY-ST-ZIP 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: Joseph Slama, Treasurer 1/6/98

CR2E037 (10/97)