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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90103 049 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 713360**

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

Principal Place of Business <del>110 SE 6TH ST</del> <b>200 SE 9th St</b> <del>STE 1650</del> FT. LAUDERDALE FL 33316 US	Mailing Address P.O. BOX 2357 FT. LAUDERDALE FL 33303 US
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2. Principal Place of Business <b>21 200 SE 9th St.</b> Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b>	3. Date Incorporated or Qualified <b>09/22/1967</b>
City & State <b>23 Ft. Lauderdale FL</b> Zip Country <b>24 33316 25 USA</b>	City & State <b>28</b> Zip Country <b>29 30</b>	4. FEI Number <b>59-2249854</b> Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent <b>WALKER, JEFFREY</b> <del>100 SE 6TH ST STE 1650</del> FT. LAUDERDALE FL 3316	10. Name and Address of New Registered Agent <b>81 Name</b> <i>Matthew D. Weissing</i> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <i>200 SE 9th St.</i> <b>83</b> <b>84 City</b> <i>Ft. Lauderdale</i> <b>FL</b> <b>85 Zip Code</b> <i>33316</i>
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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 *[Signature]* DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>TD</b>	NAME <b>HAURY, WILLIAM W</b>	1.1 TITLE <b>sp TD</b>	1.1 NAME <b>HAURY, WILLIAM W</b>
STREET ADDRESS <b>4875 N FEDERAL HWY, 10TH</b>	CITY-ST-ZIP <b>FT LAUDERDALE FL 33308</b>	1.2 NAME	1.2 NAME
		1.3 STREET ADDRESS	1.3 STREET ADDRESS <b>4875 N Federal HWY, 10TH</b>
		1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP <b>FT LAUDERDALE, FL 33308</b>
TITLE <b>PD</b>	NAME <b>WALKER, JEFFREY J</b>	2.1 TITLE	2.1 TITLE
STREET ADDRESS <b>100 SE 6TH ST., STE. 1650</b>	CITY-ST-ZIP <b>FT. LAUDERDALE FL 33316</b>	2.2 NAME	2.2 NAME
		2.3 STREET ADDRESS	2.3 STREET ADDRESS
		2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE <b>VPD</b>	NAME <b>WEISSING, MATTHEW D</b>	3.1 TITLE <b>TD</b>	3.1 NAME <b>WEISSING, MATTHEW D</b>
STREET ADDRESS <b>200 SE 9TH ST.</b>	CITY-ST-ZIP <b>FT. LAUDERDALE FL 33316</b>	3.2 NAME	3.2 NAME
		3.3 STREET ADDRESS	3.3 STREET ADDRESS <b>200 SE 9th ST</b>
		3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33316</b>
TITLE <b>SD</b>	NAME <b>SLAMA, JOSEPH J</b>	4.1 TITLE <b>VPD</b>	4.1 NAME <b>SLAMA, JOSEPH J</b>
STREET ADDRESS <b>700 SE 3RD AVE., STE. 100</b>	CITY-ST-ZIP <b>FT. LAUDERDALE FL 33316</b>	4.2 NAME	4.2 NAME
		4.3 STREET ADDRESS	4.3 STREET ADDRESS <b>700 SE 3RD AVE, STE 100</b>
		4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP <b>FT LAUDERDALE, FL 33316</b>
TITLE	NAME	5.1 TITLE <b>TD</b>	5.1 NAME <b>COHEN, GARY M</b>
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.2 NAME
		5.3 STREET ADDRESS	5.3 STREET ADDRESS <b>327 PLAZA REAL, STE 215</b>
		5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP <b>BOCA RATON, FL 33432</b>
TITLE	NAME	6.1 TITLE	6.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	6.2 NAME
		6.3 STREET ADDRESS	6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP	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)(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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **2/5/98** DAYTIME PHONE #: **954 471-2431**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)