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

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris 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 110 SE 6TH ST 200 SE 9th St STE 1650 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 21 200 SE 9th St. Suite, Apt. #, etc. 22	2a. Mailing Address 26 Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 09/22/1967
City & State 23 Ft. Lauderdale FL Zip Country 24 33316 25 USA	City & State 28 Zip Country 29 30	4. FEI Number 59-2249854 Applied For Not Applicable
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

9. Name and Address of Current Registered Agent

WALKER, JEFFREY
~~100 SE 6TH ST STE 1650~~
FT. LAUDERDALE FL 3316

10. Name and Address of New Registered Agent

81 Name **Matthew D. Weissing**
82 Street Address (P.O. Box Number is Not Acceptable)
200 SE 9th St.
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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAURY, WILLIAM W	
STREET ADDRESS	4875 N FEDERAL HWY, 10TH	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, JEFFREY J	
STREET ADDRESS	100 SE 6TH ST., STE. 1650	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WEISSING, MATTHEW D	
STREET ADDRESS	200 SE 9TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SLAMA, JOSEPH J	
STREET ADDRESS	700 SE 3RD AVE., STE. 100	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HAURY, WILLIAM W	
1.3 STREET ADDRESS	4875 N FEDERAL HWY, 10TH	
1.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WEISSING, MATTHEW D	
3.3 STREET ADDRESS	200 SE 9th ST	
3.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33316	
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SLAMA, JOSEPH J	
4.3 STREET ADDRESS	700 SE 3RD AVE, STE 100	
4.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33316	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	COHEN, GARY M	
5.3 STREET ADDRESS	327 PLAZA REAL, STE 215	
5.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
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 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**

CR2E037 (1/98)