

FILE NOW: FILING FEE IS \$61.25

FILED

**May 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Magalhães Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722813 (3)
1. Corporation Name

WEST BROWARD-PLANTATION KWANIS FOUNDATION, INC.



Principal Place of Business P. O. BOX 19125 PLANTATION FL 33318 US	Mailing Address P. O. BOX 19125 PLANTATION FL 33317 US	3. Date Incorporated or Qualified 03/02/1972
		4. FEI Number 23-7160768
		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input checked="" 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 SEIP, CHARLES F. 4661 SW 128 AVE FT. LAUDERDALE FL 33330	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	STONER, EUGENE <input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4361 COUNTRY CLUB CIRCLE	1.2 NAME	Stoner, Eugene
STREET ADDRESS	PLANTATION FL	1.3 STREET ADDRESS	4361 Country Club Circle
CITY-ST-ZIP		1.4 CITY-ST-ZIP	PLANTATION, FL 33317
TITLE D	NARGI, RONALD <input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8741 N. LAKE DASHA DRIVE	2.2 NAME	Timothy Hawkins
STREET ADDRESS	PLANTATION FL	2.3 STREET ADDRESS	6800 Plantation Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PLANTATION, FL 33317
TITLE V	RODGERS, SAM <input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2440 DEER CR. CLUB DR C-203	3.2 NAME	Rodgers, Sam
STREET ADDRESS	DEERFIELD FL	3.3 STREET ADDRESS	2440 Deer Creek Club Dr C-203
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Deerfield FL 33442
TITLE D	MCCORMICK, THOMAS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6412 N.W. 72ND AVE.	4.2 NAME	
STREET ADDRESS	TAMARAC FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE T	HAL, JARVIS <input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2715 N.W. 23RD CT.	5.2 NAME	Marvin Quittner
STREET ADDRESS	POMPANO BEACH FL	5.3 STREET ADDRESS	1251 SW 69 Ave
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PLANTATION FL 33317
TITLE D	PUDNEY, ROBERT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5620 SW 4 COURT	6.2 NAME	
STREET ADDRESS	PLANTATION FL	6.3 STREET ADDRESS	
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.

SIGNATURE: Robert Pudney RS Pudney 1/7/98 954-581-0966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037021

CR2E037 (10/97)