

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 728055 (5)
1. Corporation Name
BROWARD COUNTY ASSOCIATION OF THE DEAF, INC.



Principal Place of Business Mailing Address
BROWARD ASSOC. OF THE DEAF
362 WEST SAMPLE ROAD
POMPANO BEACH FL 33064
BROWARD ASSOC. OF THE DEAF
362 WEST SAMPLE ROAD
POMPANO BEACH FL 33064-2757

3. Date Incorporated or Qualified 11/19/1973
3a. Date of Last Report 04/02/1996
4. FEI Number 23-7326978
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
DUNDON, RUSSELL S. DELETE
4111 CORAL TREE CIRCLE
STE 121
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent
81 Name Bodil C. Tvede, Secretary
82 Street Address (P.O. Box Number is Not Acceptable) 362 W. Sample Rd.
83
84 City Pompano Beach, Fl. FL 85 Zip Code 33064

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 Bodil C. Tvede DATE Jan. 16, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WHEELER, MILDRED	
STREET ADDRESS	4801 SW 30TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PLAVSKY, SHELDON	
STREET ADDRESS	611 S STATE ROAD 7, #2H	
CITY-ST-ZIP	MARGATE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DUNDON, RUSSELL	
STREET ADDRESS	4111 CORAL TREE CIRCLE 121	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TVEDE, BODIL	
STREET ADDRESS	9812-A 62ND TERRACE S	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NIKOLAUS, HAROLD	
STREET ADDRESS	7380 NW 18TH ST 101-26	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROTHENBERG, BERNARD	
STREET ADDRESS	1207 MAHOGANY DR	
CITY-ST-ZIP	BAYNTON BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HAROLD NIKOLAUS	
1.3 STREET ADDRESS	7380 N.W. 18TH STREET	
1.4 CITY-ST-ZIP	MARGATE, FL. 33063-6871	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Plavsky, Sheldon	
2.3 STREET ADDRESS	7431 NW 1st St	
2.4 CITY-ST-ZIP	Margate, FL. 33065	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Joel Udelson	
3.3 STREET ADDRESS	4223 NW 83rd Lane	
3.4 CITY-ST-ZIP	Coral Springs, Fl. 33065	
4.1 TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BERNARD ROTHENBERG	
4.3 STREET ADDRESS	6205 MAHOGANY DR.	
4.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33436	
5.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Irving Berger	
5.3 STREET ADDRESS	260 NW 76th Ave., #208	
5.4 CITY-ST-ZIP	Margate, Fl. 33065	
6.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Meyer Rabin	
6.3 STREET ADDRESS	1830 Hammock Blvd.	
6.4 CITY-ST-ZIP	Coconut Creek, Fl. 33063	

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: Bodil C. Tvede, Secy. DATE: Jan. 16, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE037 (9/96) Comp. on other sheet

Additions to the list; #13

Trustee

Harold Nikolaus

7380 NW 18th St., #101-26

Margate, Fl. 33063-6871

Trustee

Bernard Rothenberg

6205 Makoyamy Dr.

Boynton Beach, Fl. 33436

Meyer Rabin is the chief trustee -