

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 03 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 728055 (5)**  
1. Corporation Name  
**BROWARD COUNTY ASSOCIATION OF THE DEAF, INC.**



Principal Place of Business <b>BROWARD ASSOC. OF THE DEAF 362 WEST SAMPLE ROAD POMPANO BEACH FL 33064</b>	Mailing Address <b>BROWARD ASSOC. OF THE DEAF 362 WEST SAMPLE ROAD POMPANO BEACH FL 33064</b>
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3. Date Incorporated or Qualified <b>11/19/1973</b>		
4. FEI Number <b>23-7326978</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent	
<b>TVEDE, BODIL C 362 W SAMPLE RD STE 121 POMPANO BEACH FL 33064</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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	
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>WHEELER, MILDRED</b>
STREET ADDRESS	<b>4601 SW 30TH WAY</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PLAVSKY, SHELDON</b>
STREET ADDRESS	<b>7431 NW 1ST ST., 303</b>
CITY-ST-ZIP	<b>MARGATE FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>UDELSON, JOEL</b>
STREET ADDRESS	<b>4223 NW 83RD LANE</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>TVEDE, BODIL</b>
STREET ADDRESS	<b>9812-A 62ND TERRACE S</b>
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ROTHENBERG, BERNARD</b>
STREET ADDRESS	<b>6205 MAHOGANY DR</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>
TITLE	<b>TR</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>RABIN, MEYER</b>
STREET ADDRESS	<b>1830 HAMMOCK BLVD.</b>
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Finkelstein, Norman</b>
2.3 STREET ADDRESS	<b>7561 NW 1st St., Bldg. 11, #308</b>
2.4 CITY-ST-ZIP	<b>Margate, FL. 33063-6871</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>TR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Rabin, Meyer</b>
5.3 STREET ADDRESS	<b>1830 Hammock Blvd.</b>
5.4 CITY-ST-ZIP	<b>Coconut Creek, FL.</b>
6.1 TITLE	<b>TR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Geffen, Robert</b>
6.3 STREET ADDRESS	<b>7702 Bristol Bay Lane</b>
6.4 CITY-ST-ZIP	<b>Lake Worth, FL</b>

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: Bodil Tvede **REQUIRED** Jan 24, 1998

CR2E037 (10/97)