

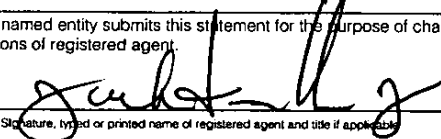
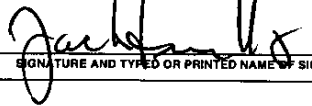


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90106 016 ****61.25

DOCUMENT # 729971 1. Entity Name ESTATE PLANNING COUNCIL OF BROWARD COUNTY, INC.					
Principal Place of Business WACHOVIA BANK, N.A. 350 LAS OLAS BLVD. #1800 FT. LAUDERDALE, FL 33301 US			Mailing Address WACHOVIA BANK, N.A. 350 LAS OLAS BLVD. #1800 FT. LAUDERDALE, FL 33301 US		
Friedrich & Friedrich, P.A.			Friedrich & Friedrich, P.A.		
2. Principal Place of Business 2601 E. Oakland Park Blvd.		3. Mailing Address 2601 E. Oakland Park Blvd.		<div style="font-size: 2em; font-family: cursive;">26065435</div> 	
Suite, Apt. #, etc. Suite 202		Suite, Apt. #, etc. Suite 202		07222005 Chg-NP CR2E037 (10/03)	
City & State Fort Lauderdale, Florida		City & State Fort Lauderdale, Florida		4. FEI Number 23-7411611	
Zip 33306-1612		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CROSTON, MICHAEL B WACHOVIA BANK 350 E LAS OLAS BLVD. #1800 FT. LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name Jack Friedrich Street Address (P.O. Box Number is Not Acceptable) 2601 E. Oakland Park Boulevard, Suite 202 City Fort Lauderdale, FL Zip Code 33306-1612	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>				7/22/05 <small>DATE</small>	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ESTLER, STEPHEN E 1000 CORPORATE DRIVE, 7TH FLOOR FT. LAUDERDALE, FL 33334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Croston, Michael B 350 E. Las Olas Boulevard, Suite 1800 Fort Lauderdale, Florida 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PICOLO, SHARON E 100 NE 3RD AVENUE, SUITE 300 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Friedrich, Jack 2601 E. Oakland Park Boulevard, Ste. 202 Fort Lauderdale, Florida 33306	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CROSTON, MICHAEL B 350 E. LAS OLAS BLVD SUITE 1800 FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Weinkle, Steven G. 100 W. Cypress Creek Road, 5th Floor Fort Lauderdale, Florida 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Picha, Steve R. 350 E. Las Olas Boulevard, Suite 1420 Fort Lauderdale, Florida 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				7/22/05 <small>Date</small>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					