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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731408 (1)

1. Corporation Name
THE SHEPARD BROAD FOUNDATION, INC.



Principal Place of Business 1200 LINCOLN RD #200 MIAMI BEACH FL 33139	Mailing Address 1200 LINCOLN RD #200 MIAMI BEACH FL 33139
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3. Date Incorporated or Qualified 12/16/1974	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-0998866		
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		
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		

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
Country	Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

BUSSEL, JOHN M
~~420 ROVINO~~
CORAL GABLES FL 33156

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
9 ISLAND AVE 501
MIAMI BEACH
 83. City
MIAMI BEACH
 84. City
FL 85. Zip Code
33139

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	PD	<input type="checkbox"/> DELETE
NAME	BROAD, SHEPARD	
STREET ADDRESS	9405 E. BROADVIEW DR.	
CITY-ST-ZIP	BAY HARBOR ISLS. FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	BROAD, MORRIS N	
STREET ADDRESS	3609 ALHAMBRA CT	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BUSSEL, ANN	
STREET ADDRESS	420 ROVINO AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUSSEL, DEBORAH	
STREET ADDRESS	3551 CRYSTAL COURT	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	John M. Bussele	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHAIRMAN
1.3 STREET ADDRESS	SHEPARD BROAD
1.4 CITY-ST-ZIP	9405 E BROADVIEW DR.
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	<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	DEBORAH BUSSEL
4.3 STREET ADDRESS	409 N. M. BUSSELE DR
4.4 CITY-ST-ZIP	MIAMI BEACH FL 33139
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOHN M. BUSSELE
5.3 STREET ADDRESS	9 ISLAND AVE.
5.4 CITY-ST-ZIP	M.B. FL 33139
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.

SIGNATURE: Deborah Bussele 1/30/98 305-538-6922

CR2E037 (10/97)