FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

739136

(0)

RETIRED OFFICERS ASSOCIATION - BROWARD COUNTY CH

APTER, INC.	bilottialb cociti i cir			
incipal Place of Business Mailing Address			T 1905H 1860E 1896 18101 11000 HIVE OLD OUT OUT OF STOLE OUT THE EAST STOLE STOLE	
4220 NE. 16TH TERRACE P O BOX 4130 FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33338 US US			3. Date Incorporated or Qualified 05/20/1977 4. FEI Number ACT APPLICABLE	Applied For Not Applicable
2. Principal Place of Business 21 461 5E 97 AVE	2a. Mailing Address 26		NOT APPLICABLE 5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc	Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State City & State 23 PORPANO BLACK FL. 28			7. Is this nonprofit corporation a homeowners association? Yes \(\subseteq \text{No} \)	
Zip Country 24 33060 25 BROWAR &	Zip Coi	untry	This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible] Yes
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
MCCRACKEN, JAMES B. 4220 N.E. 16TH TERR.	82 Street Addre	Name ColeMAN, RoberT &. Street Address (P.O. Box Number is Not Acceptable) Hol St. 9 Th Ave		
FT. LAUDERDALE FL 33334		84 City Pom	IANO BEACH FL	85 Zip Code 2 3/61
Pursuant to the provisions of Sections 617.0502 office or registered agent, or both in the State of agent. I am familiar with, and accomplished by SIGNATURE	f Florida, Such change was authorize ons of, Section 617.0503, Florida Sta	hove named corn	eration pulpoits this statement for the nurness of	changing its registered pintment as registered
Signature typed or printed name of registered agent	and title if applicable (NOTE: Registere	ed Agent signature require		
48	DIOCOTODO 40		ADDITIONOLO IANOTO TO OFFICEDO AND	DIDECTADO IN 40

\$1 Describe the profile of Costs of Cartes of								
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								
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 appointment as registered agent. I am familiar with, and accept the appointment as registered								
SIGNATURE COURSES COLOMON								
Signature typed or printed name of registered agent and into if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO C	FFICERS AND DIBECTORS IN 12				
TITLE	P0 /\(\triangle \)	DELETE 1.1 TITLE	PD	Change Addition				
NAME	MCCRACKEN, JAMES B.	1.2 NAME	COLLMAN ROLLATE.					
STREET ADDRESS	4220 N.E. 16TH TERR.	1.3 STREET	ADDRESS HET SE 9TH AVE.]				
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-\$		33060-8055				
TITLE	VD 🛛	DELETE 2.1 TITLE		Change Addition				
NAME	BURCON, EUGENE R.	2.2 NAME	CARSON, MINIAGEL J. ADDRESS 1740 S.W. 55-74 AVE.					
STREET ADORESS	2920 N.E. 39TH COURT	2.3 STREET	ADDRESS 1740 S.W. 55 AVE.					
CITY-ST-ZIP	LIGHTHOUSE POINT FL	2. 4 CiTY-5	101.05.3.1.1.22	317-3928				
TITLE	V DX	DELETE 3.1 TITLE	1.7	DE Change I Addition I				
NAME	KUNKEL, JAMES E.	3.2 NAME	TOTINO, WILLIAMP	2 2 2 2 2 2 2				
STREET ADDRESS	6561 N.E. 20TH AVE	3.3 STREET	ADDRESS 3280 SPANISH 11055 764	c. Apr 810				
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4. CITY-5	ADDRESS 3280 SPANISH MOSS TEX SI-ZIP LAUDER HILL, FL. 33	3/9				
TITLE	VD Z	DELETE 4.1 TITLE						
NAME	DEGROFF, EDWARD V.	4. 2 NAME	TITUNK, JOSEPH M.					
STREET ADDRESS	1431 S. OCEAN BLVD., APT 26	4.3 STREET	ADDRESS 8902 MEADOWLARK M	44				
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY - S	ST-ZIP BACA RATION FL. 33	496-5059				
TITLE	TD 🗆	DELETE 5.1 TITLE	ADDRESS 8902 MEADOWLARK M. BOCH RATEN FL. 33	☐ Change ☐ Addition				
NAME	CORKEN, JACK C.	5.2 NAME		ļ				
STREET ADDRESS	8645 RAMBLEWOOD COURT	5.3 STREET	ADDRESS	Ì				
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY - S	ST-ZIP					
TITLE	SO \square	DELETE 6.1 TITLE		Change Addition				
NAME	PEASE, BIRNEY T.	6.2 NAME						
STREET ADDRESS	5555 N. OCEAN BLVD., 19	6.3 STREET	ADORESS					
CHY, ST. 7IP	ET LAUDERDALE EL	64 City - S	X-71P					

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 suppliemental 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:

Jack C. Corful, Treasured (16)/88

JACK C. CORPEN, TREASURED 1/16/88

FILED

Feb 18 1998 8:00am

Secretary of State