FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:37

DOCUMENT # 740804 (0)

1. Corporation Name

BROWARD COUNTY CHAPTER OF THE AMERICAN SOCIETY O F CLU AND CHFC, INC.

Principal Place of Business	Mailing Address
1040 BAYVIEW DR., STE. 422 FT. LAUDERDALE FL 33304	1040 BAYVIEW DR., STE. 422 FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1977
3a. Date of Last Report: 05/12/1994
4. FEI Number: 59-1781622 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCDONALD, EDWIN D.
1040 BAYVIEW DRIVE
STE. 422
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~P~~	1.1 TITLE	VP ☐ Change ☒ Addition
NAME	~~KAHN, CORINNE~~	1.2 NAME	Howard A. Kramer
STREET ADDRESS	~~6000 PETERS RD., #200~~	1.3 STREET ADDRESS	6901 NW 46 Ct.
CITY-ST-ZIP	~~PLANTATION FL 33324~~	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33319
TITLE	~~X~~ P	2.1 TITLE	☐ Change ☒ Addition
NAME	MASAREK, MICHAEL	2.2 NAME	S/T
STREET ADDRESS	1200 S. PINE ISLAND RD., #140	2.3 STREET ADDRESS	Craig Richman
CITY-ST-ZIP	PLATATION FL 33324	2.4 CITY-ST-ZIP	600 Corporate Dr Ste. 200
TITLE	~~SX~~ VP	3.1 TITLE	Ft. Lauderdale, FL 33334 ☐ Change ☒ Addition
NAME	DWYER, JAMES	3.2 NAME	D
STREET ADDRESS	5900 N. ANDREWS AVE.	3.3 STREET ADDRESS	Booker Joseph
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	3.4 CITY-ST-ZIP	2303 Maplewood Dr.
TITLE	~~D~~	4.1 TITLE	WPB, FL 33415 ☐ Change ☐ Addition
NAME	~~SCHUNK, MICHAEL~~	4.2 NAME	
STREET ADDRESS	~~2101 W COMMERCIAL BLVD~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~FORT LAUDERDALE FL~~	4.4 CITY-ST-ZIP	
TITLE	~~D~~	5.1 TITLE	D ☐ Change ☒ Addition
NAME	~~GOODKIN, DAVID~~	5.2 NAME	Leigh Nickel
STREET ADDRESS	~~2400 E COMMERCIAL BLVD~~	5.3 STREET ADDRESS	8001 SW 36 St. #10
CITY-ST-ZIP	~~FORT LAUDERDALE FL~~	5.4 CITY-ST-ZIP	Davie, FL 33328
TITLE	D	6.1 TITLE	D ☐ Change ☐ Addition
NAME	KINDRACKI, MARIA	6.2 NAME	☒
STREET ADDRESS	5900 N ANDREWS AVE	6.3 STREET ADDRESS	Robert Grant
CITY-ST-ZIP	FORT LAUDERDALE FL	6.4 CITY-ST-ZIP	1200 S. Pine Island Rd #140
			Plantation, FL 33324

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ HOWARD KRAMER 1/30/95 305 741-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048484