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 #

747286

(3)

ECONOMIC DEVELOPMENT COUNCIL OF BROWARD COUNTY, INC.					
Principal Place of Business Mailing Address					r admint radit ander tabin tiber tokka dett didit kodit didit didit didit didit didit jadi
P.O. BOX 2266 FT LAUDERDALE FL 33303-9266 P.O. BOX 2266 FT LAUDERDALE FL 33303-9266			9266		3. Date Incorporated or Qualified 05/22/1979
					4. FEI Number Applied For
2. Principal P	lace of Business	2a. Malling Address			59-1900489 Not Applicable
21 26					5. Certificate of Status Desired Service Fee Regulred
 1		Suite, Apt. #, etc.	ite, Apt. #, etc.		6. Election Campaign Financing\$5.00 May Be
		27	0.01-1-		Trust Fund Contribution Added to Fees
City & State		City & State	¬ ·		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Countr	v	8. This corporation owes or has paid the current year Intaggible
24	25	29	30	-	Personal Property Tax due June 30. Yes No
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Registered Agent
			81	Name	
JERNIGAN, R SKEET			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)
1263 E LAS OLAS			83		
FT LAUÇ	PERDALE FL 33301		63		
			84	City	FL 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					
12.	Signature, typed or printed name of registered age OFFICERS AN		13.	ent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	AMMERICA SEE ALIGNAM IN		1.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP	## > 44 m ## 5 44 m m 4 m 5 m 4 m 5 m 4 m 5 m 4 m 5 m 4 m 5 m 4 m 5 m 5		1.4 CiTY-1		
TITLE	TD	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RUSTY, WITT		2.2 NAME		
STREET ADDRESS			2.3 STREE	T ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 2.40		2.4 CITY-	ST-ZIP	
TITLE	CD DELETE 3.1 TI		3.1 TITLE		☐ Change ☐ Addition
NAME	UNGER CRAIG 3.2 N		3.2 NAME		
STREET ADDRESS	4400 W. SAMPLE ROAD		3.3 STREET	T ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073		3.4. CITY-	ST-ZIP	
TITLE	VD.	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BOLOLIN IRV		4. 2 NAME	ì	
STREET ADDRESS	700 N.W. 107 AVE.			T ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	DELETE	4.4 CHY-5	ST - ZIP	COOCOCA 3 d-Okange Addition
TITLE		☐ DELETE	5.1 TITLE		600002504768 Addition -04/29/9801021020
NAME OTOTET LODGEGG			5.2 NAME		~04/29/98 01021020
STREET ADDRESS				ADDRESS	. ***61.25
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	- 1	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS				T ADDRESS	JC 18
					7 (1./.1

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 jeceiver 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.

1/23/98

FILED

Apr 28 1998 8:00am

Secretary of State

954-523-2942