

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 19 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 764382 (8)**

1. Corporation Name  
**BROWARD PUBLIC LIBRARY FOUNDATION, INC.**



Principal Place of Business <b>100 SO ANDREWS AVE FT LAUD FL 33301</b>	Mailing Address <b>100 SO ANDREWS AVE FT LAUD FL 33301</b>
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3. Date Incorporated or Qualified <b>08/05/1982</b>	
4. FEI Number <b>59-2224746</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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 <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**KARVEY, KAY**  
**1500 BAY ROAD**  
**MIAMI BCH FL 33139**

(Please change to New Address and correct last name)

10. Name and Address of New Registered Agent

<b>81</b> Name	Harvey, Kay
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	3200 Port Royale Drive
<b>83</b> City	Fort Lauderdale, FL 33308
<b>84</b> City	FL
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DT</b> <input type="checkbox"/> DELETE
NAME	<b>GLOVER, ANTHONY</b>
STREET ADDRESS	<b>777 AMERICAN EXPRESSWAY</b>
CITY - ST - ZIP	<b>PLANTATION FL</b>
TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>DOMENICO, RALPH J.</b>
STREET ADDRESS	<b>200 E. BROWARD BOULEVARD</b>
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE
NAME	<b>SMITH, DENNIS</b>
STREET ADDRESS	<b>110 SE 6TH ST 28TH FLOOR</b>
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<b>CVD</b> <input type="checkbox"/> DELETE
NAME	<b>CASSADY, JAMES</b>
STREET ADDRESS	<b>ONE FINANCIAL PLAZA</b>
CITY - ST - ZIP	<b>FORT LAUDERDALE FL</b>
TITLE	<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	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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.

CR2E037 (10/97)