


FILED
Mar 10, 1999 8:00 am
Secretary of State

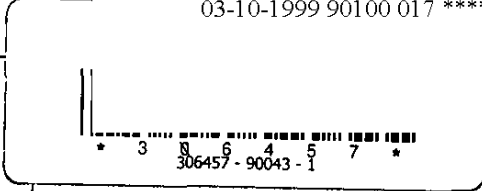
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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 764382
 1. Corporation Name
BROWARD PUBLIC LIBRARY FOUNDATION, INC.



Principal Place of Business Mailing Address
 100 SO ANDREWS AVE 100 SO ANDREWS AVE
 FT LAUD FL 33301 FT LAUD FL 33301



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/05/1982
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2224746
23. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HARVEY, KAY 3200 PORT ROYALE DRIVE FORT LAUDERDALE FL 33308		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		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 _____ 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 DT	GLOVER, ANTHONY 777 AMERICAN EXPRESSWAY PLANTATION FL	1.1 TITLE Chairman - Director	Hugh Root
NAME		1.2 NAME	600 Corporate Drive Ste. 200
STREET ADDRESS		1.3 STREET ADDRESS	Ft. Lauderdale, FL 33334
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE CD	DOMENICO, RALPH J. 200 E. BROWARD BOULEVARD FT LAUDERDALE FL	2.1 TITLE Vice-Chairman Director	Dennis Smith
NAME		2.2 NAME	110 SE 6th Street 28th FL
STREET ADDRESS		2.3 STREET ADDRESS	Ft. Lauderdale, FL 33301
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE DS	SMITH, DENNIS 110 SE 6TH ST 28TH FLOOR FT LAUDERDALE FL	3.1 TITLE Secretary Director	J. Ronald Castell
NAME		3.2 NAME	450 East Las Olas Blvd. Ste 1200
STREET ADDRESS		3.3 STREET ADDRESS	Ft. Lauderdale, FL 33301
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE CVD	CASSADY, JAMES ONE FINANCIAL PLAZA FORT LAUDERDALE FL	4.1 TITLE TREASURER Director	Stanley A. Marks
NAME		4.2 NAME	19495 Biscayne Blvd. #604
STREET ADDRESS		4.3 STREET ADDRESS	Aventura, FL 33180
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE Officer	Carl Mayhue
NAME		5.2 NAME	625 NE 4th Street
STREET ADDRESS		5.3 STREET ADDRESS	Ft. Lauderdale, FL 33301
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE Officer	Elizabeth Freeman
NAME		6.2 NAME	325 Sunset Drive
STREET ADDRESS		6.3 STREET ADDRESS	Ft. Lauderdale, FL 33301
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____ DATE: 3/3/99 DAYTIME PHONE: 954-357-7469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)