

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**

DOCUMENT # N16777 (7)

1. Corporation Name

**BROWARD WORKSHOP POLITICAL ACTION COMMITTEE, INC
OPRORATED**

95 FEB -7 PM 4: 11

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
%JUDITH R. DORMAN P.O. BOX 2427 FT. LAUDERDALE FL 33303	%JUDITH R. DORMAN P.O. BOX 2427 FT. LAUDERDALE FL 33303

3. Date Incorporated or Qualified 09/12/1986	3a. Date of Last Report 01/31/1994
4. FEI Number 59-2723155	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	20 Suite, Apt. #, etc.		
22 City & State	27 City & State		
24 Zip	25 Country	28 Zip	30 Country

9. Name and Address of Current Registered Agent

DORMAN, JUDITH R.
1 FINANCIAL PLAZA, SUITE 1302
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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 _____ (Signature, typed or printed name of registered agent and his if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DA1	MAYHUE, CARL L.	625 NE 4TH STREET	FT. LAUDERDALE FL
DVP	RUSH, DAVID H.	700 NW 12 AVENUE	DEERFIELD BEACH FL
DT	BANKS, WALTER	1700 S. OCEAN LANE	FT. LAUDERDALE FL
DS	NOLAN, ANTHONY A.	2321 WILTON DRIVE	FT. LAUDERDALE FL
PD	HUEBNER, ROBERT E	321 SE 15 AVE	FT LAUDERDALE FL

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, and that I am attaching herewith an address _____

SIGNATURE: *Robert E. Huebner* **Robert E. Huebner** January 31, 1995 (305) 467-2000