


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED

Aug 22 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N16777 (7)**

1. Corporation Name  
**BROWARD WORKSHOP POLITICAL ACTION COMMITTEE, INC  
 ORPORATED**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 % Carl L. Mayhue Suite, Apt. #, etc.	26 625 N.E. 4th Street Suite, Apt. #, etc.
22 City & State	27 City & State
23 Ft. Lauderdale, FL	28
24 Zip 33301	25 Country USA
29 Zip	30 Country

3. Date Incorporated or Qualified <b>09/12/1986</b>	3a. Date of Last Report <b>02/16/1996</b>
4. FEI Number <b>59-2723155</b>	Applied For 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>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

81 Name	<b>Carl L. Mayhue</b>
82 Street Address (P.O. Bpx Number is Not Acceptable)	<b>625 N.E. 4th Street</b>
83	
84 City	<b>Ft. Lauderdale, FL FL</b>
85 Zip Code	<b>33301</b>

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>DAT</b>	<input type="checkbox"/> DELETE
NAME	<b>MAYHUE, CARL L.</b>	
STREET ADDRESS	<b>625 NE 4TH STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>RUSH, DAVID H.</b>	
STREET ADDRESS	<b>700 NW 12 AVENUE</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>BANKS, WALTER</b>	
STREET ADDRESS	<b>1700 S. OCEAN LANE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>NOLAN, ANTHONY A.</b>	
STREET ADDRESS	<b>2321 WILTON DRIVE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HUEBNER, ROBERT E</b>	
STREET ADDRESS	<b>321 SE 15 AVE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
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	<b>DVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Duke, Davis W. Jr.</b>
2.3 STREET ADDRESS	<b>1700 E. Las Olas Blvd. #PH-1</b>
2.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33301</b>
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 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 \_\_\_\_\_ SIGNATURE REQUIRED

CR2E037 (4/97)