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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N42274** (3)

1. Corporation Name

**BROWARD COUNTY LEAGUE OF CITIES, INC.**

Principal Place of Business

Mailing Address

115 S ANDREWS AVE  
RM 112  
FT LAUDERDALE FL 33301

115 S ANDREWS AVE  
RM 112  
FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/26/1991** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-1590523** Applied For   
Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
21	26	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
22	27	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOSIAS, STEVEN L.  
3099 E COMMERCIAL BLVD  
SUITE 200  
FT LAUDERDALE FL 33308

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 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 City if applicable.

(NOTE: Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSMITH, SAM	1.2 NAME	Goldsmith, Sam
STREET ADDRESS	115 S. ANDREWS AVE., SUITE 112	1.3 STREET ADDRESS	4800 W. Copans Road
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	Coconut Creek, Fl. 33063
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, EUGENE	2.2 NAME	FARDELMANN, SUELLEN
STREET ADDRESS	4300 NW 36TH ST	2.3 STREET ADDRESS	(resigned)
CITY-ST-ZIP	LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDD, BEN	3.2 NAME	Budd, Ben
STREET ADDRESS	1039-B BERSHIRE	3.3 STREET ADDRESS	(retired)
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARDELMANN, SUELLEN	4.2 NAME	Pearl, Dan
STREET ADDRESS	8090 SW 50TH PL	4.3 STREET ADDRESS	10770 W. Oakland Pk. Blvd.
CITY-ST-ZIP	COOPER CITY FL	4.4 CITY-ST-ZIP	Sunrise, Fl. 33321
TITLE	D	5.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOVAC, JOAN	5.2 NAME	Kovac, Joan
STREET ADDRESS	6791 SW 45 ST.	5.3 STREET ADDRESS	6791 SW 45 Street
CITY-ST-ZIP	DAVIE FL	5.4 CITY-ST-ZIP	Davie, Fl. 33314
TITLE	D	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKS, ROBERT	6.2 NAME	Hasis, Thomas
STREET ADDRESS	6500 PARKSIDE DR	6.3 STREET ADDRESS	4081 N. Federal Highway
CITY-ST-ZIP	PARKLAND FL	6.4 CITY-ST-ZIP	Pompano Beach, Fl. 33064

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(3)(b), 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:

*Joan Kovac*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Joan Kovac

March 3, 1995 (305) 357-7370