

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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: 115 S ANDREWS AVE, RM 112, FT LAUDERDALE FL 33301
Mailing Address: 115 S ANDREWS AVE, RM 112, FT LAUDERDALE FL 33301

3. Date Incorporated or Qualified: **02/26/1991**
3a. Date of Last Report: **03/10/1995**

21	2a	4.	5.	6.	8.
Principal Place of Business	Mailing Address	FBI Number	Certificate of Status Desired	Election Campaign Financing	This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-1590523	<input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> \$5.00 May Be Added to Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No
City & State	City & State				
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
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 resigning.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSMITH, SAM	1.2 NAME	
STREET ADDRESS	4800 W. COPANS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOANUT CREEK FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, EUGENE	2.2 NAME	
STREET ADDRESS	4300 NW 36TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOVAC, JOAN	3.2 NAME	D MOORE, CARLTON
STREET ADDRESS	6791 SW 45 ST.	3.3 STREET ADDRESS	100 N. Andrews Avenue
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP	Fort Lauderdale, Fl.
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, ROBERT	4.2 NAME	
STREET ADDRESS	6500 PARKSIDE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARL, DAN	5.2 NAME	
STREET ADDRESS	10770 W OAKLAND PK BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASIS, THOMAS	6.2 NAME	P HASIS, THOMAS
STREET ADDRESS	4081 N FEDERAL HIGHWAY	6.3 STREET ADDRESS	4081 N. Federal Highway
CITY-ST-ZIP	POMPANO BEACH FL	6.4 CITY-ST-ZIP	Pompano Beach, Fl.

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 119.07(3)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Walter W. Paick Executive Director DATE: Feb. 23, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CP2E037 (12/95)