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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33301-1801
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3. Date Incorporated or Qualified 02/26/1991	3a. Date of Last Report 03/18/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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4. FEI Number 59-1590523	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**JOSIAS, STEVEN L.
3099 E COMMERCIAL BLVD
SUITE 200
FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDSMITH, SAM	
STREET ADDRESS	4800 W. COPANS ROAD	
CITY - ST - ZIP	COCOANUT CREEK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECK, EUGENE	
STREET ADDRESS	4300 NW 36TH ST	
CITY - ST - ZIP	LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORE, CARLTON	
STREET ADDRESS	100 N. ANDREWS AVENUE	
CITY - ST - ZIP	FORT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARKS, ROBERT	
STREET ADDRESS	6500 PARKSIDE DR	
CITY - ST - ZIP	PARKLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEARL, DAN	
STREET ADDRESS	10770 W OAKLAND PK BLVD	
CITY - ST - ZIP	SUNRISE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HASIS, THOMAS	
STREET ADDRESS	4081 N FEDERAL HIGHWAY	
CITY - ST - ZIP	POMPANO BEACH 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	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Alex Fekete
5.3 STREET ADDRESS	10100 Pines Boulevard
5.4 CITY - ST - ZIP	Pembroke Pines, FL. 33025
6.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Frank Veltri
6.3 STREET ADDRESS	400 NW 73rd Avenue
6.4 CITY - ST - ZIP	Plantation, FL 33317

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: _____ F. Veltri, Treasurer 3/19/97 (954) 797-2212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035284

CR2E037 (9/96)