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FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 02/26/1991	
4. FEI Number 59-1590523	Applied For <input type="checkbox"/> 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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 617.0602 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDSMITH, SAM	1.2 NAME	MAUREEN Berk
STREET ADDRESS	4800 W. COPANS ROAD	1.3 STREET ADDRESS	9551 Sample Rd.
CITY-ST-ZIP	COCOANUT CREEK FL	1.4 CITY-ST-ZIP	Coral Springs FL 33065
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VPB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECK, EUGENE	2.2 NAME	John Fiore
STREET ADDRESS	4300 NW 36TH ST	2.3 STREET ADDRESS	524 NE 21 Court
CITY-ST-ZIP	LAUDERDALE FL	2.4 CITY-ST-ZIP	Wilton Manors, FL 33305
TITLE	VPD P D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, CARLTON	3.2 NAME	
STREET ADDRESS	100 N. ANDREWS AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	VPD D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, ROBERT	4.2 NAME	
STREET ADDRESS	8500 PARKSIDE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL	4.4 CITY-ST-ZIP	
TITLE	VPD D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEKETE, ALEX	5.2 NAME	
STREET ADDRESS	10100 PINES BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	5.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASIS, THOMAS	6.2 NAME	
STREET ADDRESS	4081 N FEDERAL HIGHWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	6.4 CITY-ST-ZIP	

14. I 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: **EUGENE K. W. CUNY** EXECUTIVE DIRECTOR 4-19-98 954-357-7370

CR2E037 (10/97)