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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42274

1. Corporation Name
BROWARD COUNTY LEAGUE OF CITIES, INC.

Principal Place of Business 115 S ANDREWS AVE RM 112 122 FT LAUDERDALE FL 33301	Mailing Address 115 S ANDREWS AVE RM 112 122 FT LAUDERDALE FL 33301
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/26/1991
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 59-1590523
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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	PD	<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	VPD	<input type="checkbox"/> DELETE
NAME	BERK, MAUREEN	
STREET ADDRESS	9551 SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VPB	<input type="checkbox"/> DELETE
NAME	FIORE, JOHN	
STREET ADDRESS	524 NE 21 COURT	
CITY-ST-ZIP	WILTON MANORS FL 33305	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FRANK VELTRI	
1.3 STREET ADDRESS	400 NW 73 AVE	
1.4 CITY-ST-ZIP	Plantation, FL 33317	
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		<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 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, with all other like empowered.

SIGNATURE: *[Signature]* **2/1/99** **954-797-2212**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)