

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED AND FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N44217 (0)  
 1. Corporation Name  
**BROWARD COUNTY COMMISSION GOVERNMENTAL LEASING CORPORATION**

Principal Place of Business Mailing Address  
 115 S ANDREWS AVE. 115 S ANDREWS AVE.  
 GOVERNMENT CENTER, S-423 GOVERNMENT CENTER, S-423  
 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 28 Zip Country 29 Zip Country 30

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified 3a. Date of Last Report  
 07/09/1991 04/27/1994  
 4. FEI Number Applied For  
 65-0276964 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
 LALLA, MATTHEW R.  
 115 S ANDREWS AVE.  
 GOVERNMENT CENTER, S-423  
 FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent  
 81 Name 600001423656  
 82 Street Address (P.O. Box Number is Not Acceptable) -03/15/95--01022--007  
 83  
 84 City 150.00 \*\*\*130.00  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	PARRISH, LORI NANCE
STREET ADDRESS	115 S. ANDREWS AVE., ROOM 421
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	HART, JOHN P.
STREET ADDRESS	1191 WATERVIEW LANE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	COWAN, SCOTT I.
STREET ADDRESS	1900 E OAK KNOLL CIR.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	GUNZBURGER, SUZANNE N.
STREET ADDRESS	803 N. SOUTHLAKE DRIVE
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D
NAME	RODSTROM, JOHN E.
STREET ADDRESS	68 NURMI DRIVE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	C
NAME	POITIER, SYLVIA
STREET ADDRESS	283 SW 1ST TERR.
CITY-ST-ZIP	DEERFIELD BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	115 SOUTH ANDREWS AVE., ROOM 410
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33326
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33324
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	C
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33019
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with address.

SIGNATURE: *Suzanne N. Gunzburger* Feb. 20, 1995 357-7006  
 SUZANNE N. GUNZBURGER Date Date Printed

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**BROWARD COUNTY COMMISSION GOVERNMENTAL LEASING CORPORATION**

**1995 CORPORATION ANNUAL REPORT**

**DOCUMENT # N44217 (O)**

**FEI # 65-0276964**

**ATTACHMENT FOR BLOCK 13 OF 1995 CORPORATION ANNUAL REPORT**

7.1	Title:	D
7.2	Name:	GERALD F. THOMPSON
7.3	Address:	2633 NE 3 AVENUE
7.4	City-St-Zip:	WILTON MANORS, FL 33334