

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 # **N44217** (0)
1. Corporation Name

BROWARD COUNTY COMMISSION GOVERNMENTAL LEASING CORPORATION



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

3. Date Incorporated or Qualified 07/09/1991	3a. Date of Last Report 03/13/1995
4. FEI Number 65-0276964	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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

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
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 changing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PARRISH, LORI NANCE	
STREET ADDRESS	115 SOUTH ANDREWS AVE., ROOM 410	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HART, JOHN P.	
STREET ADDRESS	1191 WATERVIEW LANE	
CITY - ST - ZIP	FT. LAUDERDALE FL 33326	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COWAN, SCOTT I.	
STREET ADDRESS	1900 E OAK KNOLL CIR.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33326	
TITLE	C	<input type="checkbox"/> DELETE
NAME	GUNZBURGER, SUZANNE N.	
STREET ADDRESS	803 N. SOUTHLAKE DRIVE	
CITY - ST - ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RODSTROM, JOHN E.	
STREET ADDRESS	66 NURMI DRIVE	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POITIER, SYLVIA	
STREET ADDRESS	283 SW 1ST TERR.	
CITY - ST - ZIP	DEERFIELD BEACH FL 33441	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY - ST - ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY - ST - ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY - ST - ZIP	
41	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	D
43	STREET ADDRESS	
44	CITY - ST - ZIP	
51	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	C
53	STREET ADDRESS	
54	CITY - ST - ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY - ST - ZIP	

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: _____ DATE: **3/12/96** DAYTIME PHONE #: **(954) 357-7007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JOHN E. RODSTROM**

CR2E037 (12/95)

N44217

BROWARD COUNTY COMMISSION GOVERNMENTAL LEASING CORPORATION

1996 CORPORATION ANNUAL REPORT

DOCUMENT # N44217 (0)

FEI # 65-0276964

ATTACHMENT FOR BLOCK 13 OF 1996 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