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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33301-1801

3. Date Incorporated or Qualified **07/09/1991** 3a. Date of Last Report **03/15/1996**
 4. FEI Number **65-0276964** Applied For 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**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 24 Country 25 28 Zip 29 Country 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 **FL** 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	PARRISH, LORI NANCE	
STREET ADDRESS	115 SOUTH ANDREWS AVE., ROOM 410	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	D	<input checked="" 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	D	<input type="checkbox"/> DELETE
NAME	GUNZBURGER, SUZANNE N.	
STREET ADDRESS	803 N. SOUTHLAKE DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	RODSTROM, JOHN E.	
STREET ADDRESS	66 NURMI DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
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

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 checked="" type="checkbox"/> Addition
2.2 NAME	D ABRAMOWITZ, NORMAN
2.3 STREET ADDRESS	8212 N.W. 55th AVENUE
2.4 CITY-ST-ZIP	TAMARAC, FL 33321
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	C
3.3 STREET ADDRESS	3101 HIDDEN HOLLOW LANE
3.4 CITY-ST-ZIP	DAVIE, FL 33328
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
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 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: Sandra B. Mortham **SCOTT I. COWAN** **4/25/97** **357-7004**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035275

CR2E037 (9/96)

BROWARD COUNTY COMMISSION GOVERNMENTAL LEASING CORPORATION

1997 CORPORATION ANNUAL REPORT

DOCUMENT # N44217 (O)

FEI # 65-0276964

ATTACHMENT FOR BLOCK 13 OF 1996 CORPORATION ANNUAL REPORT

7.1 Title: *D*
7.2 Name: *ILENE LIEBERMAN*
7.3 Address: *8300 N.W. 49th STREET*
7.4 City-St-Zip: *LAUDERHILL, FL 33321*