

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90107 003 \*\*\*61.25



DOCUMENT # N44217

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 115 SOUTH ANDREWS AVE.

22 City & State

27 GOVERNMENTAL CENTER, SUITE 513

23 Zip

Country

28 FORT LAUDERDALE, FL

29 33301

Country

3. Date Incorporated or Qualified

07/09/1991

4. FEI Number

65-0276964

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LALLA, MATTHEW R.  
115 S ANDREWS AVE.  
GOVERNMENT CTR, STE 513  
FT. LAUDERDALE FL 33301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C  DELETE  
NAME PARRISH, LORI NANCE  
STREET ADDRESS 115 SOUTH ANDREWS AVE., ROOM 410  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

1.1 TITLE D  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME ABRAMOWITZ, NORMAN  
STREET ADDRESS 8212 N.W. 55TH AVE  
CITY-ST-ZIP TAMARAC FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS 8212 N.W. 55TH AVE.  
2.4 CITY-ST-ZIP TAMARAC, FL 33321

TITLE D  DELETE  
NAME COWAN, SCOTT I.  
STREET ADDRESS 3101 HIDDEN HOLLOW LAND  
CITY-ST-ZIP DAVIE FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP DAVIE, FL 33328

TITLE D  DELETE  
NAME GUNZBURGER, SUZANNE N.  
STREET ADDRESS 803 N. SOUTHLAKE DRIVE  
CITY-ST-ZIP HOLLYWOOD FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE D  DELETE  
NAME RODSTROM, JOHN E.  
STREET ADDRESS 66 NURMI DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE D  DELETE  
NAME POITIER, SYLVIA  
STREET ADDRESS 283 SW 1ST TERR.  
CITY-ST-ZIP DEERFIELD BEACH FL 33441

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP KRISTIN JACOBS  
651 N.E. 5th STREET  
POMPANO BEACH, FL 33060

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:

*Suzanne Gunzburger* 4/19/99 (954) 357-7006

CR2E037 (1/98)