

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 # **N94000004611 (9)**

1. Corporation Name

HUMAN RESOURCE ASSOCIATION OF BROWARD COUNTY, IN C.



Principal Place of Business: PO BOX 9623 FT LAUDERDALE FL 33310
Mailing Address: PO BOX 9623 FT LAUDERDALE FL 33310

3. Date Incorporated or Qualified: 09/19/1994
3a. Date of Last Report: 05/01/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	APPLIED FOR 65-0319346	Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LANTZ, ROY 851 BROKEN SOUND PKWY., N.W. BOCA RATON FL 33487		81. Name	Brewer, Judy
		82. Street Address (P.O. Box Number is Not Acceptable)	110 S.E. 6th Street
		83.	
		84. City	Ft. Lauderdale FL
		85. Zip Code	33301

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: *Judy Brewer* (NOTE: Registered Agent signature required when reinstating) DATE: 4/10/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D BREWER, JUDY	1.1 TITLE	DP Brewer, Judy
NAME	BREWER, JUDY	1.2 NAME	Brewer, Judy
STREET ADDRESS	110 S.E. 6TH STREET	1.3 STREET ADDRESS	110 S.E. 6th Street
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	Ft. Lauderdale FL 33301
TITLE	D LANTZ, ROY	2.1 TITLE	D Abeleda, Karen
NAME	LANTZ, ROY	2.2 NAME	Abeleda, Karen
STREET ADDRESS	851 BROKEN SOUND PARKWAY NW	2.3 STREET ADDRESS	141 N.W. 16th Street
CITY-ST-ZIP	BOCA RATON FL 33487	2.4 CITY-ST-ZIP	Pompano Beach, FL 33060
TITLE	D TUBRIDY, KRIS	3.1 TITLE	DS Mione, Jean
NAME	TUBRIDY, KRIS	3.2 NAME	Mione, Jean
STREET ADDRESS	P.O. BOX 2225 N/A	3.3 STREET ADDRESS	7420 N.W. 15th Street
CITY-ST-ZIP	POMPANO BEACH FL 33051	3.4 CITY-ST-ZIP	Plantation, FL 33313
TITLE	D SANTORO, JIM	4.1 TITLE	DT Santoro, Jim
NAME	SANTORO, JIM	4.2 NAME	Santoro, Jim
STREET ADDRESS	8603 S. Dixie Hwy., Ste 406	4.3 STREET ADDRESS	8603 S. Dixie Hwy., Ste 406
CITY-ST-ZIP	MIAMI, FL 33143	4.4 CITY-ST-ZIP	Miami, FL 33143

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: *Judy Brewer* DATE: 4/10/96 DAYTIME PHONE #: (954) 527-6567

CFR2E037 (12/95)