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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004611 (9)

1. Corporation Name

HUMAN RESOURCE ASSOCIATION OF BROWARD COUNTY, INC.



Principal Place of Business

Mailing Address

PO BOX 9623
FT LAUDERDALE FL 33310

PO BOX 9623
FT LAUDERDALE FL 33310-9623

3. Date Incorporated or Qualified
09/19/1994

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0319346

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BREWER, JUDY
110 SE 6TH ST
FT LAUDERDALE FL 33301

81 Name Donald C. Works, III
82 Street Address (P.O. Box Number is Not Acceptable) 200 East Broward Boulevard
83 15th Floor
84 City Ft. Lauderdale FL 85 Zip Code 33301

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

Donald C. Works, III Donald C. Works, III, President 1/9/97
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	DP	<input checked="" type="checkbox"/> DELETE
NAME	BREWER, JUDY	
STREET ADDRESS	110 S.E. 6TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ABELEDA, KAREN	
STREET ADDRESS	141 NW 16TH ST	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MIONE, JEAN	
STREET ADDRESS	7420 NW 15TH ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SANTORO, JIM	
STREET ADDRESS	8603 S DIXIE HWY, STE 406	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Donald C. Works, III	
1.3 STREET ADDRESS	200 East Broward Boulevard, 15th Floor	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gerry Logan	
2.3 STREET ADDRESS	10010 Reflections Blvd., W. # 202	
2.4 CITY-ST-ZIP	Sunrise, FL 33351	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lillian Garali	
3.3 STREET ADDRESS	6451 N. Federal Highway, Rm. 121	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
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: *Donald C. Works, III* Donald C. Works, III, Pres./Dir. 1/9/97
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0036024

CR2E037 (9/96)

954-527-2432