NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

•	•••	•••	•	•	•		•
			1	9	9	16	

DOCUMENT #

STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

CITY-ST-ZIP

N95000004619 (1)

THE NORTH BROWARD TOURISUM COUNCIL, INC.

Principal Place	of Business	Mailing Address			8011 88141 8811F 881FF 81818 84FB1 11818 1811 1881
660 SOUTH FEDERAL HIHWAY 660 SOUTH F POMPANO BEACH FL 33062 POMPANO BE					
				3. Date Incorporated or Qualified	· ' - '
9 Dringing Dis	ace of Business	1 00 1408-0 Add		09/28/1995 4. FEI Number	15T REPORT
2. Principal Pia	N RIVE(SIDE	2a. Mailing Address 26 S'Am 3		65-060 45	Applied For
Suite, Apt, 4		26 Suite, Apt. #, etc.		83-000 7	Not Applicable \$8.75 Additional
22 2	12 A	27 Same		Gertificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	55.00 May Be
23 POM	PANOBCh. FL	28 SAML		Trust Fund Contribution	Added to Fees
Zip_	Country 4	Zip	Country	8. This corporation has liability for	or intangible tax under s. 199.032,
24 330		29 5Anu	30 5AMR	Florida Statutes	Yes X No
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New	Hegistered Agent
				Ralph Rich	{
RIEHL, R			82 Street A	ddress (P.O. Box Number is Not Accept E. Oak La Na	PARK Blud. #321
	ITH FEDERAL HIGHWAY		83 -262	1 E. Oakza Na	PARR BLOW. 321
SUITE 10	•			OUITE 321	
PUMPAN	IO BEACH FL 33062		84 City	T. Lauderdale	FL 85 Zip Code 333308
11. Pursuant t	o the provisions of Sections 617.0502 a	and 617.1508, Florida Statutes	the above-named cor	rporation submits this statement for the	ourpose of changing its registered office
or register	ed agent, or both, in the State of Florida h, and accept the obligations of, Section	 Such change was authorized 	by the corporation's t	poard of directors. I hereby accept the a	opointment as registered agent. I am
SIGNATURE	, and doopt the bongations of, doctor	TOTT. GOOD, FROME DIAMETER.			
	Signature, types or printed name of registered agent ar	nd title if applicable (NOTE	Registered Agent signature rec	quired when rainstating;	DATE
12.	OFFICERS AND		13.		FFICERS AND DIRECTORS IN 12
TITLE	D	DEFELE	1.1 TITLE	Ralph Richl	☐ Change ☐ Addition
NAME	RIEHL, RALPH	LV OUTE 400 4	1.2 NAME	3321 E. OAKLAN	id Park Blud. 321
STREET ADDRESS	660 SOUTH FEDERAL HIGHWA	AY, SUITE 100-A		FT. LAUderda	
CITY-ST-ZIP TITLE	POMPANO BEACH FL 33062 D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	D. ZAUGZIUM	L
NAME	GLASER, GREG	L. Jack		Grag GLASES.	
STREET ADDRESS	660 SOUTH FEDERAL HIGHWA	V SHITE 100-A	2 3 STREET ADDRESS	13 N. PONPANO BO	h. Blud.
CITY-ST-ZIP	POMPANO BEACH FL 33062	ti, boile look	2 4 CITY - ST - ZIP	13 N. POMPANO BO POM DANO BC	h. FL 33062
TITLE	0	DELETE	31 TITLE	γ	Change Addition
NAME	OLSEN, GUS III		3 2 NAME		
STREET ADDRESS	300 E. SAMPLE ROAD		3.3 STREET ADDRESS		
C(TY-ST-Z)P	POMPANO BEACH FL 33064		34 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		□ ACI CIE	4.4 CITY-ST-ZIP		Character Children
TITLE		DELETE	5.1 TITLE		Change Addition
NAME PROCES			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5 4 City-St-ZiP 6 1 Title		Change Addition
NAME			6.2 NAME		المانانية
			V.F		

6.3 STREET ADDRESS

4/29/96

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 13 if changed, or on an attachment with an address

Riseh

Ralph