

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 # **N95000004619 (1)**

1. Corporation Name

THE NORTH BROWARD TOURISUM COUNCIL, INC.



Principal Place of Business

Mailing Address

660 SOUTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062

660 SOUTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062

3. Date Incorporated or Qualified

09/28/1995

3a. Date of Last Report

1ST REPORT

2. Principal Place of Business

2a. Mailing Address

21 101 N Riverside

26 Same

4. FEI Number

65-0604521

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

22 212 A

27 Same

23 City & State

POMPANO Bch. FL

28 City & State

SAME

24 Zip 33062

Country

Broward

29 Zip

Same

Country

SAME

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIEHL, RALPH
660 SOUTH FEDERAL HIGHWAY
SUITE 100-A
POMPANO BEACH FL 33062

81 Name Ralph Riehl

82 Street Address (P.O. Box Number is Not Acceptable)

3221 E. OAKLAND PARK BLVD. #321

83 SUITE 321

84 City Ft. Lauderdale

FL

85 Zip Code 33308

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	RIEHL, RALPH	
STREET ADDRESS	660 SOUTH FEDERAL HIGHWAY, SUITE 100-A	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLASER, GREG	
STREET ADDRESS	660 SOUTH FEDERAL HIGHWAY, SUITE 100-A	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLSEN, GUS III	
STREET ADDRESS	300 E. SAMPLE ROAD	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ralph Riehl
1.3 STREET ADDRESS	3321 E. OAKLAND PARK BLVD. #321
1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33308
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GREG GLASER
2.3 STREET ADDRESS	13 N. POMPANO Bch. BLVD.
2.4 CITY-ST-ZIP	POMPANO Bch. FL 33062
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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: *Ralph Riehl*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph Riehl

4/29/96

(954) 946-7320

CR2E037 (12/95)