

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 08 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N95000004619 (1)

1. Corporation Name

THE SOUTH FLORIDA TOURISM COUNCIL, INC.



Principal Place of Business

Mailing Address

101 N. RIVERSIDE DR  
 SUITE 212A  
 POMPANO BEACH FL 33062  
 US

101 N. RIVERSIDE DR  
 SUITE 212A  
 POMPANO BEACH FL 33062  
 US

3. Date Incorporated or Qualified

09/28/1995

4. FEI Number

65-0604521

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?



NO

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.



9. Name and Address of Current Registered Agent

RIEHL, RALPH  
 101 N. RIVERSIDE DR  
 SUITE 212A  
 POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIEHL, RALPH	
STREET ADDRESS	3321 E. OAKLAND PARK BLVD., SUITE 321	
CITY-ST-ZIP	FT. LAUDERDALE FL 33008	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GLASER, GREG	
STREET ADDRESS	13 N. POMPANO BEACH BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	OLDEN, GUS III	
STREET ADDRESS	300 E. SAMPLE ROAD	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	SKUDA, DANE	
STREET ADDRESS	101 N. RIVERSIDE DR	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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: Ralph Riehl Date: 7/1/98 Daytime Phone #: 996-7320

CR2E037 (5/98)