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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004619

1. Corporation Name

THE SOUTH FLORIDA TOURISM COUNCIL, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
09/28/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0604521

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75-Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 PD DELETE
NAME RIEHL, RALPH
STREET ADDRESS 3321 E. OAKLAND PARK BLVD., SUITE 321
CITY-ST-ZIP FT. LAUDERDALE FL 33008

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVP DELETE
NAME GLASER, GREG
STREET ADDRESS 13 N. POMPANO BEACH BLVD.
CITY-ST-ZIP POMPANO BEACH FL 33062

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DV DELETE
NAME OLSEN, GUS III
STREET ADDRESS 300 E. SAMPLE ROAD
CITY-ST-ZIP POMPANO BEACH FL 33064

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DVT DELETE
NAME SKUDA, DANE
STREET ADDRESS 101 N. RIVERSIDE DR
CITY-ST-ZIP POMPANO BEACH FL 33062

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

2-12-99 (954) 946-7320