


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000004619**  
1. Entity Name  
THE SOUTH FLORIDA TOURISM COUNCIL, INC.



Principal Place of Business 419 FT LAUDERDALE FORT LAUDERDALE, FL 33316 US	Mailing Address 419 FT LAUDERDALE SUITE 212A FORT LAUDERDALE, FL 33316 US
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02272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0604521	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
  
RIEHL, RALPH  
101 N. RIVERSIDE DR  
SUITE 212A  
POMPANO BEACH, FL 33062

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agents signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD RIEHL, RALPH 3321 E. OAKLAND PARK BLVD., SUITE 321 FT. LAUDERDALE, FL 33008
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP GLASER, GREG 13 N. POMPANO BEACH BLVD. POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV OLSEN, GUS III 300 E. SAMPLE ROAD POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVT SKUDA, DANE 101 N. RIVERSIDE DR POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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03/02/05-80059-006 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Ralph Riehl (Ralph Riehl) 3/1/05 954-522-17  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #