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Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra J. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000681
1. Corporation Name
WOMEN'S CHAMBER OF COMMERCE OF BROWARD COUNTY, INC.

Principal Place of Business Mailing Address
4801 S. University Drive
Suite 305 E
Davie, FL 33328

2. Principal Place of Business 2a. Mailing Address
21. State Apt. # etc 26. State Apt. # etc
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

3. Date incorporated or Qualified 2/5/1996 3a. Date of Last Report 1997
4. FEI Number 65-0657981 Applied For Not Applicable
5. Certificate of Status Desired \$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

9. Name and Address of Current Registered Agent
Judith A. Dolan
9646 Pines Boulevard
Pembroke Pines, FL 33024

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Accepted)
83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 in accordance with and accept the obligations of Section 607.0505, Florida Statutes. *4/29/98*

SIGNATURE: *[Signature]* Registered Agent signature required when in meeting.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '98	
TITLE	Judith A. Dolan <input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chairwoman, Director	12. NAME	
STREET ADDRESS	9646 Pines Boulevard	13. STREET ADDRESS	
CITY-STATE-ZIP	Pembroke Pines, FL 33024 <input type="checkbox"/> DELETE	14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Chair Elect, Director	21. TITLE	
NAME	Jacqueline Tuchler	22. NAME	
STREET ADDRESS	4801 S. University Dr.	23. STREET ADDRESS	
CITY-STATE-ZIP	Davie, FL 33328 <input type="checkbox"/> DELETE	24. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Pam Masters, Vice President, <input checked="" type="checkbox"/> D	31. TITLE	
NAME		32. NAME	
STREET ADDRESS	1750 N.E. 167 Street	33. STREET ADDRESS	
CITY-STATE-ZIP	N. Miami, FL 33162	34. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Hilary Saporta, Secretary, <input checked="" type="checkbox"/> D	41. TITLE	
NAME		42. NAME	
STREET ADDRESS	1600 NE 6th Street	43. STREET ADDRESS	
CITY-STATE-ZIP	Fort Lauderdale, FL 33304	44. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Doris Edelman, Director <input type="checkbox"/> DELETE	51. TITLE	
NAME		52. NAME	
STREET ADDRESS	4000 Hollywood Blvd	53. STREET ADDRESS	
CITY-STATE-ZIP	Hollywood, FL 33021	54. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Sandi Music, <input checked="" type="checkbox"/> D	61. TITLE	
NAME		62. NAME	
STREET ADDRESS	901 S. Federal Highway	63. STREET ADDRESS	
CITY-STATE-ZIP	Hallandale, FL 33009	64. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes, and that the information contained on this Annual Report or Supplemental Annual Report is true and accurate and that my signature shall have the same legal effect as if signed by the person in official or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes and the rules thereunder.

SIGNATURE: *Judith A. Dolan Chairwoman 4/29/98 (934) 989-5575*