

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 30 AM 9:19

DOCUMENT # 752055 (4)

1. Corporation Name
SOUTH BROWARD BUSINESS COUNCIL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**4313 HOLLYWOOD BLVD. #208
P.O. BOX 6091
HOLLYWOOD FL 33021**

Mailing Address
**4313 HOLLYWOOD BLVD. #208
P.O. BOX 6091
HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified 04/16/1980	3a. Date of Last Report 01/24/1994
4. FEI Number 59-2040572	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**STOODLEY, JAMES J.
4313 HOLLYWOOD BLVD. #208
HOLLYWOOD FL 33021**

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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STOODLEY, JAMES J
STREET ADDRESS	4313 HOLLYWOOD BLVD. #208
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D
NAME	WELLIOFF, RONALD J
STREET ADDRESS	4429 HOLLYWOOD BLVD.
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D
NAME	LUNDY, ANTHONY
STREET ADDRESS	3350 BURRIS ROAD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	SALTZ, MARK L
STREET ADDRESS	2699 STIRLING ROAD, #C-301
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	TD
NAME	LEONARD, MAL
STREET ADDRESS	3810 HOLLYWOOD BLVD
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D
NAME	SARHAN, EDWARD
STREET ADDRESS	3407 S. STATE ROAD 7
CITY-ST-ZIP	HOLLYWOOD FL

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 checked, or on an attachment with an address.

SIGNATURE: James J. Stoodley James J. Stoodley 1/8/95 (305) 962-9997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR