

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 752055 (4)

1. Corporation Name
SOUTH BROWARD BUSINESS COUNCIL, INC.



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: **01/30/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		59-2040572	<input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	P.O. Box 6091	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. City & State	28. City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	HOLLYWOOD, FL		
24. Zip	25. Country	29. Zip	30. Country
		33081	BROWARD

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STOODLEY JAMES J. 4313 HOLLYWOOD BLVD.#208 HOLLYWOOD FL 33021	81. Name: MACCOLM A. LEONARD, CPA
	82. Street Address (P.O. Box Number is Not Acceptable): 3810 HOLLYWOOD BLVD.
	83. City: HOLLYWOOD
	84. State: FL
	85. Zip Code: 33021

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]* DATE: **2/7/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STOODLEY, JAMES J		1.2 NAME: EDWARD J. MAAS	
STREET ADDRESS: 4313 HOLLYWOOD BLVD. #208		1.3 STREET ADDRESS: 1200 S. PINE ISLAND RD, #400	
CITY-ST-ZIP: HOLLYWOOD FL		1.4 CITY-ST-ZIP: PLANTATION, FL 33324	
TITLE: D	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WELLIOFF, RONALD J		2.2 NAME:	
STREET ADDRESS: 4429 HOLLYWOOD BLVD.		2.3 STREET ADDRESS:	
CITY-ST-ZIP: HOLLYWOOD FL		2.4 CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LUNDY, ANTHONY		3.2 NAME:	
STREET ADDRESS: 3350 BURRIS ROAD		3.3 STREET ADDRESS:	
CITY-ST-ZIP: FT. LAUDERDALE FL		3.4 CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SALTZ, MARK L		4.2 NAME:	
STREET ADDRESS: 2699 STIRLING ROAD, #C-301		4.3 STREET ADDRESS:	
CITY-ST-ZIP: FT. LAUDERDALE FL		4.4 CITY-ST-ZIP:	
TITLE: TD	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LEONARD, MAL		5.2 NAME:	
STREET ADDRESS: 3810 HOLLYWOOD BLVD		5.3 STREET ADDRESS:	
CITY-ST-ZIP: HOLLYWOOD FL		5.4 CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SARHAN, EDWARD		6.2 NAME:	
STREET ADDRESS: 3407 S. STATE ROAD 7		6.3 STREET ADDRESS:	
CITY-ST-ZIP: HOLLYWOOD FL		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 119.07(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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1/17/96** (954) 423-1750

CR2E037 (12/95)