

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 12 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 752055 (4)**

1. Corporation Name  
**SOUTH BROWARD BUSINESS COUNCIL, INC.**



Principal Place of Business <b>4313 HOLLYWOOD BLVD.#208 P.O. BOX 6091 HOLLYWOOD FL 33021</b>	Mailing Address <b>P.O. BOX 6091 HOLLYWOOD FL 33081</b>
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3. Date Incorporated or Qualified <b>04/16/1980</b>		
4. FEI Number <b>59-2040572</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

**LEONARD, MALCOLM A CPA  
3810 HOLLYWOOD BLVD  
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	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	JIM GRANT
NAME	STENGEL, JOHN	1.2 NAME	6109 Pembroke Rd
STREET ADDRESS	2099 JACKSON ST	1.3 STREET ADDRESS	Hollywood, FL
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	Terry Havel
NAME	SARHAN, DONNA	2.2 NAME	5754 Johnson St
STREET ADDRESS	3407 S STATE RD 7	2.3 STREET ADDRESS	Hollywood, FL
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
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	4.1 TITLE	
NAME	GILCHRIST, RAE	4.2 NAME	
STREET ADDRESS	468 HOLLYWOOD BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
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	6.1 TITLE	James Stoodley
NAME	SARHAN, EDWARD	6.2 NAME	PO Box 81-7237
STREET ADDRESS	3407 S. STATE ROAD 7	6.3 STREET ADDRESS	Hollywood, FL
CITY-ST-ZIP	HOLLYWOOD FL	6.4 CITY-ST-ZIP	

Change  Addition

Change  Addition

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Change  Addition

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.

SIGNATURE: *[Signature]* JIM GRANT 2/3/98

CFR2037 (10/97)