

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 213470 (8)

1. Corporation Name
LUMBERMEN'S CREDIT ASSOCIATION OF BROWARD COUNTY
INC.

Principal Place of Business
300 NW 82ND AVENUE, SUITE 505
PLANTATION FL 33324

Mailing Address
300 NW 82ND AVENUE, SUITE 505
PLANTATION FL 33324-7810



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 701 E. COMMERCIAL BLVD		26 701 E. COMMERCIAL BLVD		07/02/1958	05/01/1996
22 4th Floor		27 4th Floor		4. FEI Number	Applied For
23 FORT LAUDERDALE FL		28 FT LAUDERDALE FL		59-0838698	Not Applicable
24 33334-3261		29 33334-3261		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 USA		30 USA		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

SALIBA, VANBUREN A.
300 N.W. 82ND AVENUE, SUITE 505
PLANTATION FL 33324

81 Name SALIBA, VAN A.
82 Street Address (P.O. Box Number is Not Acceptable) 701 E. COMMERCIAL BLVD
83 4th Floor
84 City FT LAUDERDALE FL 85 Zip Code 33334-3261

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	1.1 TITLE	PDS
NAME	SALIBA, VANBUREN A.	1.2 NAME	SALIBA, VAN A.
STREET ADDRESS	300 NW 82ND AVE., #505	1.3 STREET ADDRESS	701 E. COMMERCIAL BLVD 4th Floor
CITY - ST - ZIP	PLANTATION FL	1.4 CITY - ST - ZIP	FT LAUDERDALE FL 33334-3261
TITLE	T	2.1 TITLE	T
NAME	SALIBA, VANBUREN A.	2.2 NAME	SALIBA, VAN A.
STREET ADDRESS	300 NW 82ND AVE., #505	2.3 STREET ADDRESS	701 E. COMMERCIAL BLVD 4th Floor
CITY - ST - ZIP	PLANTATION FL	2.4 CITY - ST - ZIP	FT LAUDERDALE FL 33334-3261
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97 954-474-7603

Date

Daytime Phone #

0283306

CR2E034 (9/96)