


FILE NOW: FILING FEE IS \$61.25

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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90180 004 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 705432**

1. Corporation Name  
**UNITED CEREBRAL PALSY OF BROWARD COUNTY, INC.**

Principal Place of Business 3117 SW 13TH COURT FT LAUDERDALE FL 33312	Mailing Address 3117 SW 13TH COURT FT LAUDERDALE FL 33312
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/04/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0174817
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ANIELLO, JOSEPH A. 3117 SW 13 COURT FORT LAUDERDALE FL 33312		Aniello, Joseph A. 1411 NW 14 Avenue MIAMI FL 33125	

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 MD	DELETED <input type="checkbox"/>	1.1 TITLE PMD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANIELLO, JOSEPH A		1.2 NAME Aniello, Joseph A.	
STREET ADDRESS 1411 NW 14 AVENUE		1.3 STREET ADDRESS 1411 NW 14 Avenue	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP MIAMI, FL 33125	
TITLE PD	DELETED <input checked="" type="checkbox"/>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SLAVS, PETER D.		2.2 NAME	
STREET ADDRESS 200 EAST BROWARD BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	
TITLE VD	DELETED <input type="checkbox"/>	3.1 TITLE CO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BONCHICK, NORMAN		3.2 NAME Bonchick, Norman	
STREET ADDRESS 441 S.W. 12 AVE		3.3 STREET ADDRESS 441 SW 12 Avenue	
CITY-ST-ZIP DEERFIELD BEACH FL 33442		3.4 CITY-ST-ZIP Deerfield Beach, FL 33442	
TITLE ST	DELETED <input type="checkbox"/>	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAPLAN, IRA		4.2 NAME KAPLAN, IRA D.	
STREET ADDRESS 2 SW 129TH AVENUE		4.3 STREET ADDRESS 2 SW 129 AVENUE	
CITY-ST-ZIP PEMBROKE PINES FL		4.4 CITY-ST-ZIP Pembroke Pines, FL 33027	
TITLE SD	DELETED <input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRAY, WILLIAM D		5.2 NAME	
STREET ADDRESS 1660 W MCNAB RD		5.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL 33309		5.4 CITY-ST-ZIP	
TITLE	DELETED <input type="checkbox"/>	6.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME Craig Stehmart	
STREET ADDRESS		6.3 STREET ADDRESS 2501 NE 22 Terrace	
CITY-ST-ZIP		6.4 CITY-ST-ZIP FT. Lauderdale, FL 33305	

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ 1/22/99 \_\_\_\_\_ 305-547-2189 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)