


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90050 033 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 708219					
1. Corporation Name THE BROWARD COUNTY COUNCIL OF SENIOR CITIZENS, INC.					
Principal Place of Business C/O JEAN ROSS 6702 N.W. 71ST CT. TAMARAC FL 33321			Mailing Address C/O JEAN ROSS 6702 N.W. 71ST CT. TAMARAC FL 33321		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/09/1964 4. FEI Number 59-1916064 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent ROSS, JEAN 6702 N.W. 71 CT. TAMARAC FL 33321			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 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 <i>Jean Ross</i> (NOTE: Registered Agent signature required when reinstating) DATE 1/8/99					
12. OFFICERS AND DIRECTORS					
TITLE	S	<input type="checkbox"/> DELETE			
NAME	KAISER, SOL				
STREET ADDRESS	7410 ASHMONTE CIR				
CITY-ST-ZIP	TAMARAC FL 33321				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	ROGERS, EDITH				
STREET ADDRESS	3801 N.E. 22ND TERRACE #12				
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	POCKRISS, JACK				
STREET ADDRESS	7508 ASHMONTE CIRCLE				
CITY-ST-ZIP	TAMARAC FL 33321				
TITLE	VP	<input checked="" type="checkbox"/> DELETE			
NAME	LIPES, MIKE				
STREET ADDRESS	231 NW 76TH AVE.				
CITY-ST-ZIP	MARGATE FL 33063				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	GOLDBERG, HELEN				
STREET ADDRESS	4157 NW 22ND ST.				
CITY-ST-ZIP	COCONUT CREEK FL 33066				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	ROSS, JEAN				
STREET ADDRESS	6702 NW 71 CT				
CITY-ST-ZIP	TAMARAC FL 33321				
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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	EVELYN HAYKIN				
4.3 STREET ADDRESS	725 N.W. 75TH AVE				
4.4 CITY-ST-ZIP	MARGATE, FL 33063				
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)