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Sep 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 708959 (2)
1. Corporation Name
BROWARD COUNTY AIRBOAT HALFTACK AND CONSERVATION CLUB, INC.



Principal Place of Business: 3421 24TH AVENUE, FT. LAUDERDALE FL 33312 US
Mailing Address: 3421 24TH AVENUE, FT. LAUDERDALE FL 33312-5006 US

3. Date Incorporated or Qualified: 05/06/1965
3a. Date of Last Report: 11/18/1996

21. Principal Place of Business: Suite #, etc., City & State, Zip, Country
22. Mailing Address: Suite #, etc., City & State, Zip, Country

4. FEI Number: 59-1927780
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
KEYSER, ATTY, TIMOTHY
PO BOX 92
INTERLACHEN FL 32048

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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	CRUZ, MARK	
STREET ADDRESS	4251 SW 22 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	NEWTON, JIMMY	
STREET ADDRESS	2041 SW 50 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	BURNEY, ROSE	
STREET ADDRESS	5875 SW 41 ST. #9D	
CITY-ST-ZIP	DAVIE FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	QUELLETTE, BARBARA	
STREET ADDRESS	3421 24TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	(SD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	MARK CRUZ		
1.3 STREET ADDRESS	4251 SW 22ST.		
1.4 CITY-ST-ZIP	FT. LAUD. FLA.		
2.1 TITLE	(D)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	DIANE BEHANON		
2.3 STREET ADDRESS	5457 NE 1 AVE		
2.4 CITY-ST-ZIP	Fort Laud, FL 33334		
3.1 TITLE	(D) STEVE GENTLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	STEVE GENTLE		
3.3 STREET ADDRESS	5071 SW 94 AVE		
3.4 CITY-ST-ZIP	COOPER CITY 4/33328		
4.1 TITLE	ED BRIN (TD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	ED BRIN		
4.3 STREET ADDRESS	609 SW 5 PLACE		
4.4 CITY-ST-ZIP	FT. LAUDERDALE 4/33315		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Handwritten Signature] DATE: 07/10/1997

CR2E037 (9/96)