FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # **710674** **(3)**

1. Corporation Name

BROWARD COUNTY FLORIDA CHAPTER OF A. I. B., INC.

Principal Place of Business	Mailing Address
550 MAIN BLVD - SUITE #400 MARGATE FL 33063	550 MAIN BLVD - SUITE #400 MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1966
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1727879 — Applied For / Not Applicable

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

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEVITT, PRESTON C.
8211 W. BROWARD BLVD.
PENTHOUSE 4
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D - Director ☒ Change ☐ Addition
NAME	THOMPSON, JOSEPH E.	1.2 NAME	
STREET ADDRESS	6600 TAFT STREET	1.3 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	1.4 CITY ST ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	PAUL, JAMES	2.2 NAME	
STREET ADDRESS	301 41ST STREET	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL	2.4 CITY ST ZIP	
TITLE	V	3.1 TITLE	P- President ☒ Change ☐ Addition
NAME	BERRYMAN, PAUL R.	3.2 NAME	
STREET ADDRESS	501 E. LAS OLAS BLVD.	3.3 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BOOTH, SANDI	4.2 NAME	
STREET ADDRESS	1100 W MCNAB RD.	4.3 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LUISO, ANGELO	5.2 NAME	
STREET ADDRESS	501 LAS OLAS BLVD.	5.3 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	5.4 CITY ST ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	METZ, THERESA A.	6.2 NAME	
STREET ADDRESS	863 NW 62ND ST.	6.3 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] PRESIDENT 4/24/95 305-970-8071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PAUL R. BERRYMAN

0030073