

FILE NOW: FILING FEE IS \$61.25

FILED

May 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710674 (3)

1. Corporation Name

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

Principal Place of Business

550 MAIN BLVD. - SUITE #400
MARGATE FL 33063

Mailing Address

550 MAIN BLVD. - SUITE #400
MARGATE FL 33063-4532

3. Date Incorporated or Qualified

04/06/1966

3a. Date of Last Report

09/20/1996

4. FEI Number

59-1727879

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

BERRYMAN, DIANE C
550 N. STATE ROAD 7, SUITE 400
MARGATE FL 33063

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

Diane C. Berryman

(NOTE: Registered Agent signature required when reinstating)

DATE

5/19/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, JOSEPH E.	
STREET ADDRESS	6600 TAFT STREET	
CITY - ST - ZIP	HOLLYWOOD FL 33024	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PAUL, JAMES	
STREET ADDRESS	301 41ST STREET	
CITY - ST - ZIP	MIAMI BEACH FL 33140	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BERRYMAN, PAUL R.	
STREET ADDRESS	501 E. LAS OLAS BLVD.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANDERHOFF, SANDI	
STREET ADDRESS	3841 NE 14TH AVE	
CITY - ST - ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUISO, ANGELO	
STREET ADDRESS	501 LAS OLAS BLVD.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	METZ, THERESA A.	
STREET ADDRESS	863 NW 62ND ST.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33309	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 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:

Diane C. Berryman

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Diane C. Berryman 5/19/97 (954) 970-8071

CR2E037 (9/96)