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# FILED
# May 20 1998 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA 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 | Mailing Address |
|---|---|
| 550 MAIN BLVD. - SUITE #400<br>MARGATE FL 33063 | 550 MAIN BLVD. - SUITE #400<br>MARGATE FL 33063 |

3. Date Incorporated or Qualified: 04/06/1966

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 Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

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 _____ 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 | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | THOMPSON, JOSEPH E. | | 1.2 NAME | | |
| STREET ADDRESS | 6600 TAFT STREET | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HOLLYWOOD FL 33024 | | 1.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 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 33140 | | 2.4 CITY-ST-ZIP | | |
| TITLE | P | ☐ DELETE | 3.1 TITLE | | ☐ 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 33301 | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SANDERHOFF, SANDI | | 4.2 NAME | | |
| STREET ADDRESS | 3841 NE 14TH AVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH FL 33064 | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 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 33301 | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 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 33309 | | 6.4 CITY-ST-ZIP | | |

CR2E037 (10/97)

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.

SIGNATURE: Diane C. Berryman Diane C. Berryman 5/6/98 (954)970-8071