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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714629

1. Corporation Name

EASTER SEAL SOCIETY OF BROWARD COUNTY, INC.

Principal Place of Business

6951 W SUNRISE BLVD.
 PLANTATION FL 33313

Mailing Address

6951 W SUNRISE BLVD.
 PLANTATION FL 33313



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/22/1968	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0668471	
24 Country		29 Country		30 Country	
5. Certificate of Status Desired <input checked="" 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

FUERST, SCOTT
 200 E. BROWARD BLVD.
 FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *Scott Fuerst*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUERST, SCOTT	1.2 NAME	SELVON NANAN, M.D.
STREET ADDRESS	200 E BROWARD BLVD	1.3 STREET ADDRESS	333 NW 70th Avenue
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOODY, LESTER III	2.2 NAME	CLAIRE ROBERSON
STREET ADDRESS	500 N FEDERAL HWY	2.3 STREET ADDRESS	1850 NW 69th Way
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHASEK, EDWARD	3.2 NAME	JEROME DVORAK
STREET ADDRESS	1000 E HALLANDALE BCH BLVD	3.3 STREET ADDRESS	1108 BROWARD BLVD.
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWMAN, WREN	4.2 NAME	J. MILTON LEWIS
STREET ADDRESS	1749 NW 91ST AVE	4.3 STREET ADDRESS	4536 N. FEDERAL HWY
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORY, DAVID	5.2 NAME	JAMES STEPHENS
STREET ADDRESS	6600 TAFT ST.	5.3 STREET ADDRESS	2701 NE 14th ST. CAUSEWAY
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	EXEC DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINNEGAN, STEPHANIE	6.2 NAME	JANE BAUMAN
STREET ADDRESS	11901 SW 3RD STREET	6.3 STREET ADDRESS	6951 W. SUNRISE BLVD.
CITY-ST-ZIP	PLANTATION FL	6.4 CITY-ST-ZIP	PLANTATION, FL 33313

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: *Janet Fuerst*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

Date

(954) 792-8772

Daytime Phone #

CR2E037 (1/1/98)