

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720180** (9)  
1. Corporation Name  
**BROWARD COUNTY MINORITY BUILDERS COALITION, INC.**



Principal Place of Business <b>771 NW 22ND ROAD FT. LAUDERDALE FL 33311</b>	Mailing Address <b>771 NW 22ND ROAD FT. LAUDERDALE FL 33311</b>
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3. Date Incorporated or Qualified <b>02/02/1971</b>	
4. FEI Number <b>23-7170674</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**LARKINS, ELIJAH  
1534 NW 4 AVENUE  
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 officer 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LITTLE, LOUIS	
STREET ADDRESS	4200 N.W. 25TH ST.	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BROWN, LLOYD	
STREET ADDRESS	112 S.W. 24TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BROWN, HERMINE	
STREET ADDRESS	884 S.W. 27TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LESLIE, HERMAN	
STREET ADDRESS	3658 N.W. 16TH STREET	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNG, BOBBY	
STREET ADDRESS	2120 NW 7TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MAYZCK, MERLENE E	
STREET ADDRESS	834 NW 19TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CAMPBELL, ASTON	
1.3 STREET ADDRESS	1821 W. OAKLAND PARK BLVD.	
1.4 CITY-ST-ZIP	OAKLAND PARK, FL 33311	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MALL, TONY	
2.3 STREET ADDRESS	2000 N 57 TERRACE	
2.4 CITY-ST-ZIP	HOLLYWOOD, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BROWN, WINSTON	
3.3 STREET ADDRESS	884 SW 27 AVENUE	
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL	
4.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LARKINS, E. PAT	
4.3 STREET ADDRESS	1534 NW 4 AVENUE	
4.4 CITY-ST-ZIP	POMPANO BEACH, FL	
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 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 in an attachment with an address.

SIGNATURE:  E. PAT LARKINS, CEO 1/30/98 (954) 792-1121

CR2E037 (10/97)