


FILE NOW: FILING FEE IS \$61.25

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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90129 008 ****70.00

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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 # 720180

1. Corporation Name
BROWARD COUNTY MINORITY BUILDERS COALITION, INC.

Principal Place of Business 771 NW 22ND ROAD FT. LAUDERDALE FL 33311	Mailing Address 771 NW 22ND ROAD FT. LAUDERDALE FL 33311
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/02/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7170674
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LARKINS, ELJAH 1534 NW 4 AVENUE POMPANO BEACH FL 33060		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, LOUIS	1.2 NAME	
STREET ADDRESS	4200 N.W. 25TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LLOYD	2.2 NAME	
STREET ADDRESS	112 S.W. 24TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, HERMINE	3.2 NAME	
STREET ADDRESS	884 S.W. 27TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESLIE, HERMAN	4.2 NAME	
STREET ADDRESS	3658 N.W. 16TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, BOBBY	5.2 NAME	
STREET ADDRESS	2120 NW 7TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYZCK, MERLENE E	6.2 NAME	
STREET ADDRESS	834 NW 19TH TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	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 on an attachment with an address, with all other like empowered.

SIGNATURE: ELJAH LARKINS 2-12-99 954-792-1121

CR2E037 (11/98)