


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 724618 (4)

1. Corporation Name

PORT EVERGLADES FIRE FIGHTERS ASSOCIATION, LOCAL
1989, I.A.F.F., INC.

Principal Place of Business

1901 ELLER DR
FT LAUDERDALE FL 33316
US

Mailing Address

2801 S. FEDERAL HIGHWAY
P.O. BOX 21826
FORT LAUDERDALE FL 33335



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/24/1972 3a. Date of Last Report 04/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	23-7108133	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	Country	Country
24	25	29	30

9. Name and Address of Current Registered Agent

BENAVIDES, JOSEPH
4315 GARFIELD ST
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81. Name	(SAME)
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	PD	1.1 TITLE	SECRETARY SD
NAME	BENAVIDES, JOSEPH	1.2 NAME	STEVENSON, JOHN T.
STREET ADDRESS	4315 GARFIELD ST	1.3 STREET ADDRESS	301 SOUTH 56 TERRACE
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33023
TITLE	VP	2.1 TITLE	
NAME	UPDEGRAFF, WILLIAM	2.2 NAME	
STREET ADDRESS	2371 EVERGREEN COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	SECRETARY TD
NAME	PARKER, EDWARD A	3.2 NAME	PARKER, EDWARD A
STREET ADDRESS	11339 NW 12 COURT	3.3 STREET ADDRESS	(SAME ADDRESS)
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	SECRETARY V
NAME	BELLUS, TIMOTHY	4.2 NAME	BENINCASA, PHIL
STREET ADDRESS	11523 S. W. 53RD PLACE	4.3 STREET ADDRESS	10121 SW 15 PLACE
CITY-ST-ZIP	COOPER CITY FL 33330	4.4 CITY-ST-ZIP	DAVIE, FLORIDA 33324
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 or on an attachment with an address.

SIGNATURE _____ JOHN T. STEVENSON (954) 7-24-97 462-3523

CR2E037 (4/97)