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May 27 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 # 727685 (0)
1. Corporation Name
BIG BROTHERS/BIG SISTERS OF BROWARD, INC.



Principal Place of Business: 4701 NW 33 AVE, OAKLAND PARK FL 33309 US
Mailing Address: 4701 NW 33 AVE, ~~33340~~ OAKLAND PARK FL ~~33305~~ US

3. Date Incorporated or Qualified: 10/08/1973
4. FEI Number: 59-1507595
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 4701 NW 33 Ave Suite, Apt. #, etc. 27 City & State: 28 Oakland Park FL Zip: 29 33309 Country: 30

9. Name and Address of Current Registered Agent: CEDERO, ANA M, 4701 NW 33 AVE, ~~3001 W. COMMERCIAL BLVD. #10~~ X, OAKLAND PARK FL 33309

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable): 4701 NW 33 Ave, 83, 84 City: Oakland Park, FL, 85 Zip Code: 33309

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: *[Signature]* Ana Cedeño, Executive Director 4/16/98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CETINA, DAN	
STREET ADDRESS	12801 W SUNRISE BLVD	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	EISENSTEIN, JIM	
STREET ADDRESS	8000 W SUNRISE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MACK, WILHELMENA MD	
STREET ADDRESS	3501 JOHNSON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FILSON, TERESA (PLANTA)	
STREET ADDRESS	10012 N. W. 6 STREET	
CITY-ST-ZIP	PLANTATION FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CICORA, KEN	
STREET ADDRESS	350 SE 2ND ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BINGER, ROY	
STREET ADDRESS	491 NW 40 AVE.	
CITY-ST-ZIP	PLANTATION FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ellen McLaughlin	
1.3 STREET ADDRESS	200 E. Las Olas Blvd - 9th Fl	
1.4 CITY-ST-ZIP	Ft. Lauderdale FL 33301	
2.1 TITLE	V-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bob Becker	
2.3 STREET ADDRESS	1800 Eller Dr 1800 Eller Dr	
2.4 CITY-ST-ZIP	Ft. Lauderdale FL 33335	
3.1 TITLE	V-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jeff Williams	
3.3 STREET ADDRESS	6001 N.W. Broken Sound Pkwy #500	
3.4 CITY-ST-ZIP	Boca Raton FL 33487	
4.1 TITLE	S-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dr. Wilhelmena Mack	
4.3 STREET ADDRESS	2101 W. Commercial Blvd #2000	
4.4 CITY-ST-ZIP	Ft. Lauderdale FL 33309	
5.1 TITLE	T-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Tracy Leve	
5.3 STREET ADDRESS	1800 Eller Dr. 1800 Eller Dr.	
5.4 CITY-ST-ZIP	Ft. Lauderdale FL 33335	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Pery Canan	
6.3 STREET ADDRESS	5130 N. Federal Hwy #9	
6.4 CITY-ST-ZIP	Ft. Lauderdale FL 33308	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* Pery Canan 4/12/98 054-445-3411

CFR2037 (10/97)