

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729971 (2)

1. Corporation Name

ESTATE PLANNING COUNCIL OF BROWARD COUNTY, INC.



Principal Place of Business

Mailing Address

~~50 E. LAS OLAS BLVD.~~
PORT LAUDERDALE FL 33301
US

~~ONE E. BROWARD BOULEVARD~~
~~SUITE 1200~~
PORT LAUDERDALE FL 33301
US

3. Date Incorporated or Qualified
06/18/1974

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 9900 STIRLING ROAD

26 9900 STIRLING ROAD

4. FEI Number

23-7411611

Applied For
Not Applicable

Suite, Apt. #, etc.

22 SUITE 221

Suite, Apt. #, etc.

27 SUITE 221

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 COOPER CITY FL

City & State

28 COOPER CITY FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

24 33024-8066

25 US

Zip

Country

29 33024-8066

30 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUDOLF, GARY L.
ONE EAST BROWARD BOULEVARD
SUITE 1200
FORT LAUDERDALE FL 33301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RUDOLF, GARY L.	
STREET ADDRESS	ONE EAST BROWARD BOULEVARD, SUITE 1200	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FUERST, DAVID D.	
STREET ADDRESS	5900 NORTH ANDREWS AVENUE, SUITE 908	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FREIFELD, FRED	
STREET ADDRESS	2221 NORTH UNIVERSITY DRIVE, #A	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BURKETT, PARTICK	
STREET ADDRESS	1007 SOUTH FEDERAL HIGHWAY	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	DA	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		33309
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FREIFELD, FRED	
3.3 STREET ADDRESS	9900 STIRLING ROAD, SUITE 221	
3.4 CITY-ST-ZIP	COOPER CITY, FL	33024-8066
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BURKETT, PATRICK M.	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		33441
5.1 TITLE	DA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DAVIS, JAMES B.	
5.3 STREET ADDRESS	100 NE 3RD AVE, SUITE 400	
5.4 CITY-ST-ZIP	FORT LAUDERDALE FL	33301
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED FREIFELD VP D

Date

4/16/96

Daytime Phone #

954 433 0498

CR2E037 (12/95)