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Feb 05 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 # 729971 (2)  
1. Corporation Name  
ESTATE PLANNING COUNCIL OF BROWARD COUNTY, INC.



Principal Place of Business Mailing Address  
~~9900 STIRLING RD.~~  
~~221-~~  
~~COOPER CITY FL 33024-8066~~  
~~US~~  
9900 STIRLING RD  
221-  
COOPER CITY FL 33024-8066  
US

3. Date Incorporated or Qualified 06/18/1974 3a. Date of Last Report 04/26/1996  
4. FEI Number 23-7411611 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 100 N.E. Third Avenue 26 100 N.E. Third Avenue  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Suite 400 27 Suite 400  
City & State City & State  
23 Ft. Lauderdale, FL 28 Ft. Lauderdale, FL  
Zip Country Zip Country  
24 33301 25 US 29 33301 30 US

9. Name and Address of Current Registered Agent  
RUDOLF, GARY L.  
~~ONE EAST BROWARD BOULEVARD~~  
~~SUITE 1200~~  
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent  
81 Name James B. DAVIS  
82 Street Address (P.O. Box Number is Not Acceptable) 100 NE 3RD AVENUE SUITE 400  
83  
84 City Ft. Lauderdale FL 85 Zip Code 33301

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]* James B. DAVIS 1/24/97  
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 D  DELETE  
NAME RUDOLF, GARY L.  
STREET ADDRESS ONE EAST BROWARD BOULEVARD, SUITE 1200  
CITY-ST-ZIP FORT LAUDERDALE FL  
TITLE PD  DELETE  
NAME FUERST, DAVID D.  
STREET ADDRESS 5900 NORTH ANDREWS AVENUE, SUITE 908  
CITY-ST-ZIP FORT LAUDERDALE FL  
TITLE VD  DELETE  
NAME FREIFELD, FRED  
STREET ADDRESS 9900 STIRLING RD STE 221  
CITY-ST-ZIP COOPER CITY FL  
TITLE TD  DELETE  
NAME BURKETT, PARTICK  
STREET ADDRESS 1007 SOUTH FEDERAL HIGHWAY  
CITY-ST-ZIP DEERFIELD BEACH FL  
TITLE S  DELETE  
NAME DAVIS JAMES B.  
STREET ADDRESS 100 NE 3RD AVE STE 400  
CITY-ST-ZIP FT. LAUDERDALE FL  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME Freifeld, Fred  
3.3 STREET ADDRESS 9900 Stirling Road, Suite 221  
3.4 CITY-ST-ZIP Cooper City, FL 33024  
4.1 TITLE  Change  Addition  
4.2 NAME Burkett, Patrick  
4.3 STREET ADDRESS 1007 South Federal Highway, 2nd Fl.  
4.4 CITY-ST-ZIP Deerfield Beach, FL 33441  
5.1 TITLE  Change  Addition  
5.2 NAME Davis, James B.  
5.3 STREET ADDRESS 100 N.E. 3rd Avenue, Suite 400  
5.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301  
6.1 TITLE  Change  Addition  
6.2 NAME Fuerst, Douglas P.  
6.3 STREET ADDRESS 5900 N. Andrews Avenue, #908  
6.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* FRED FREIFELD, PRESIDENT 1/25/97 954 433 0418  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023827

CP2E037 (9/96)