

FILE NOW: FILING FEE IS \$61.25

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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729971 (2)

1. Corporation Name
ESTATE PLANNING COUNCIL OF BROWARD COUNTY, INC.



Principal Place of Business 100 NE THIRD AVE STE 400 FT LAUDERDALE FL 33301 US	Mailing Address 100 NE THIRD AVE STE 400 FT LAUDERDALE FL 33301 US
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3. Date Incorporated or Qualified 06/18/1974	4. FEI Number 23-7411611	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DAVIS, JAMES B
100 NE 3RD AVE, STE 400
FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FREIFELD, FRED		1.2 NAME	
STREET ADDRESS 9900 STIRLING RD STE 221		1.3 STREET ADDRESS	
CITY-ST-ZIP COOPER CITY FL		1.4 CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURKETT, PARTICK		2.2 NAME	
STREET ADDRESS 1007 S FEDERAL HWY 2ND FL		2.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH FL		2.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS JAMES B.		3.2 NAME	
STREET ADDRESS 100 NE 3RD AVE STE 400		3.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FUERST, DOUGLAS P		4.2 NAME	
STREET ADDRESS 5900 N ANDREWS AVE #908		4.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

PD James B. Davis Change Addition
100 NE Third Ave, Ste. 400
Ft. Lauderdale, FL 33301

VD Douglas P. Fuerst Change Addition
5900 N. Andrews Ave., #908
Ft. Lauderdale, FL 33309

SD William P. Stewart Change Addition
Sun Trust Bank, South Florida, #18
2626 E. Oakland Park Blvd.
Ft. Lauderdale, FL 33306

JD REBECCA L. McDonough Change Addition
AHEARN, JASCO + CO.
190 S.E. 19th AVENUE
Pompano Bch, FL
33060

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.

SIGNATURE _____ DATE **4/24/98** 954 928-507

CFR2037 (10/97)