


FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 733781					
1. Corporation Name GENERAL APPRENTICESHIP ADVISORY COMMITTEE OF BROWARD COUNTY, INC.					
Principal Place of Business 2840 N.W. 27 AVENUE FORT LAUDERDALE FL 33311 US			Mailing Address 2840 NW 27 AVENUE N/A FT LAUDERDALE FL 33111 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/08/1975	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-7413124	
24 Country		29 Country		30	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
6. Election Campaign Financing <input type="checkbox"/>				Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAIERHOFER, KENNETH C 2840 NW 27TH AVENUE FT. LAUDERDALE FL 33311				81 Name			
				GARCIA, GEORGE P			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				2840 NW 27th AVE.			
83				84 City			
				FT. LAUDERDALE			
85 Zip Code				FL 33311			

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 GEORGE P. GARCIA DATE 1/26/99
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input checked="" type="checkbox"/> DELETE NAME TD STREET ADDRESS MAIERHOFER, KENNETH C CITY-ST-ZIP 2840 NW 27TH AVE FT LAUDERDALE, FL 00000				1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD 1.2 NAME GARCIA, GEORGE P 1.3 STREET ADDRESS 2840 NW 27th AVE. 1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33311			
TITLE <input checked="" type="checkbox"/> DELETE NAME VCD STREET ADDRESS CYMAN, PAUL H CITY-ST-ZIP 2840 NW 27TH AVE FT LAUDERDALE, FL 00000				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME CD STREET ADDRESS HARRIS, JOHN CITY-ST-ZIP 2500 S ANDREWS AVE FT LAUDERDALE FL				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME SD STREET ADDRESS WARREN, ARTHUR L CITY-ST-ZIP 13201 NW 45TH AVE MIAMI FL				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/26/99 (954) 739-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)