

# 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 # 740804 (0)**

1. Corporation Name

**BROWARD COUNTY CHAPTER OF THE AMERICAN SOCIETY OF  
F CLU AND CHFC, INC.**

Principal Place of Business

**1040 BAYVIEW DR., STE. 422  
FT. LAUDERDALE FL 33304**

Mailing Address

**1040 BAYVIEW DR., STE. 422  
FT. LAUDERDALE FL 33304**



3. Date Incorporated or Qualified  
**11/17/1977**

3a. Date of Last Report  
**01/26/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
**59-1781622**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCDONALD, EDWIN D.  
1040 BAYVIEW DRIVE  
STE. 422  
FORT LAUDERDALE FL 33304**

81 Name

**Corinne Kahn**

82 Street Address (P.O. Box Number is Not Acceptable)

**2600 N. Military Trail**

83

**Suite #400**

84 City

**Boca Raton**

FL

85 Zip Code

**33431**

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 *Corinne Kahn*

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-27-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **KRAMER, HOWARD A.**  
STREET ADDRESS **6901 NW 46 CT.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME **RICHMAN, CRAIG**  
STREET ADDRESS **600 CORPORATE DR. SUITE 200**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME **BOOKER, JOSEPH**  
STREET ADDRESS **2303 MAPLEWOOD DR.**  
CITY-ST-ZIP **WPB FL**

TITLE ☒ DELETE

NAME **SCHUNK, MICHAEL**  
STREET ADDRESS **2101 W COMMERCIAL BLVD**  
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE ☒ DELETE

NAME **KINDRACKI, MARIA**  
STREET ADDRESS **5900 N ANDREWS AVE**  
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE ☐ DELETE

NAME **Maher, James**  
STREET ADDRESS **3159 NW 122 Ave.**  
CITY-ST-ZIP **Sunrise, FL 33323**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **D Robert Grant**  
1.3 STREET ADDRESS **1200 S. Pine Island Rd.**  
1.4 CITY-ST-ZIP **Plantation, FL 33324**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **D Ray Eissa**  
2.3 STREET ADDRESS **300 S. Pine Island Rd.**  
2.4 CITY-ST-ZIP **Plantation, FL 33332**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **D Ed Blakemore**  
3.3 STREET ADDRESS **1200 S. Pine Island Rd.**  
3.4 CITY-ST-ZIP **Plantation, FL 33324**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **D Jim Dwyer**  
4.3 STREET ADDRESS **5900 N. Andrews Ave.**  
4.4 CITY-ST-ZIP **Fort Lauderdale, FL 33309**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *James Maher* **1/27/96 951-749-5525**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)