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Jan 17 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 # 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 33304-2598



3. Date Incorporated or Qualified
11/17/1977

3a. Date of Last Report
03/08/1996

2. Principal Place of Business

21 5871 N. University Dr.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #300

Suite, Apt. #, etc.

City & State

23 Tamarac FL

City & State

Zip

Country

24 33321

25 USA

Zip

Country

29

30

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

KAHN, CORINNE
2600 N MILITARY TRAIL
STE 400
BOCA RATON FL 33431

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME EISSA, RAY
STREET ADDRESS 300 S PINE ISLAND RD
CITY-ST-ZIP PLANTATION FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME DWYER, JIM
STREET ADDRESS 5900 N ANDREWS AVE
CITY-ST-ZIP FT LAUDERDALE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME MAHER, JAMES
STREET ADDRESS 3159 NW 122 AVE
CITY-ST-ZIP SUNRISE FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0035513

CR2E037 (9/96)