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**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90034 020 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 740804**

1. Corporation Name

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

Principal Place of Business

5871 N. UNIVERSITY DR.  
#300  
TAMARAC FL 33321  
US

Mailing Address

P O BOX 26792  
TAMARAC FL 33320  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/17/1977
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1781622
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing
24	25	Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, HOWARD A	1.2 NAME	Ed Blakemore
STREET ADDRESS	6901 NW 46 CT.	1.3 STREET ADDRESS	600 Corporate Dr. #200
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33334
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHMAN, CRAIG	2.2 NAME	Richard Goldberg
STREET ADDRESS	600 CORPORATE DR. SUITE 200	2.3 STREET ADDRESS	3230 W. Commercial Blvd. #190
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	Silvana Steiner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAKEMORE, ED	3.2 NAME	8855 NW 45 PL
STREET ADDRESS	1200 S. PINE ISLAND RD., #140	3.3 STREET ADDRESS	Coral Springs, FL 33065
CITY-ST-ZIP	PLANTATION FL 33324	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	Israel Guitian <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDBERG, RICHARD	4.2 NAME	9050 Pines Blvd
STREET ADDRESS	3230 W COMERCIAL BLVD	4.3 STREET ADDRESS	Pembroke Pines, FL 33024
CITY-ST-ZIP	FT LAUDERDALE FL 33319	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Marc Sigel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNSFORD, CHUCK	5.2 NAME	600 Corporate Dr. #200
STREET ADDRESS	17749 SW 2 ST	5.3 STREET ADDRESS	Fort Lauderdale, FL 33334
CITY-ST-ZIP	PEMBROKE PINES FL 33029	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Hugh Root <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIGEL, MARC	6.2 NAME	600 Corporate Dr. #200
STREET ADDRESS	600 CORPORATE DR	6.3 STREET ADDRESS	Fort Lauderdale, FL 33334
CITY-ST-ZIP	FT LAUDERDALE FL 33334	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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

954-749-5525

Date

Daytime Phone #

CR2E037 (11/98)