

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 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 # **746225** (2)
1. Corporation Name
THE BUILDING OFFICIALS AND INSPECTORS ASSOCIATION OF BROWARD COUNTY



Principal Place of Business 1126 S FED HWY #394 FT LAUDERDALE FL 33316 US	Mailing Address C/O WILLIAM DUMBAUGH 1126 S FED HWY 6394 FT LAUDERDALE FL 33316 US	3. Date Incorporated or Qualified 03/13/1979	3a. Date of Last Report 05/01/1996
---	--	--	--

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2647099	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent DUMBAUGH, WILLIAM 9530 W SAMPLE RD CORAL SPRINGS FL 33085		10. Name and Address of New Registered Agent 81 Name: GEORGE DESHARNAIS 82 Street Address (P.O. Box Number is Not Acceptable): 10100 PINES BLVD. 83 PEMBERROKE PINES FL 33026 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 *George Desharnais* **GEORGE DESHARNAIS** **4/21/97**
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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BERTOLAMI, MARGARET		1.2 NAME GEORGE DESHARNAIS	
STREET ADDRESS 6500 PARKSIDE DRIVE		1.3 STREET ADDRESS 10100 PINES BLVD.	
CITY-ST-ZIP PARKLAND F		1.4 CITY-ST-ZIP PEMBERROKE PINES FL 33026	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUMBAUGH, BILL		2.2 NAME	
STREET ADDRESS 9530 W SAMPLE RD		2.3 STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL		2.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HANNON, ROBERT		3.2 NAME HANNON, ROBERT	
STREET ADDRESS 9530 W. SAMPLE ROAD		3.3 STREET ADDRESS 9530 W. SAMPLE ROAD	
CITY-ST-ZIP CORAL SPRINGS FL		3.4 CITY-ST-ZIP CORAL SPRINGS	
TITLE V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COTLER, CHRIS		4.2 NAME	
STREET ADDRESS 3801 NORTH UNIVERSITY DRIVE #401		4.3 STREET ADDRESS	
CITY-ST-ZIP SUNRISE FL		4.4 CITY-ST-ZIP	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BERTOLAMI, MARGARET		5.2 NAME TOM WILLI	
STREET ADDRESS 6500 PARKSIDE DR		5.3 STREET ADDRESS 400 S. FED. HWY	
CITY-ST-ZIP PARKLAND FL		5.4 CITY-ST-ZIP HALLANDALE FL 33009	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUTLER, JOHN		6.2 NAME	
STREET ADDRESS 2800 HOLLYWOOD BLVD		6.3 STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL		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: *George Desharnais* **GEORGE DESHARNAIS** **4/21/97** **954-4356502**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078557

CR2E037 (9/96)