

03/11/99 40351 013 10/25

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746225

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 #394
FT LAUDERDALE FL 33316
US

FILED

99 OCT 20 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 N/A		26 N/A		03/13/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2647089	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DUMBAUGH, BILL 9530 W SAMPLE RD CORAL SPRINGS FL 33065				81 Name N/A	
				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		<input type="checkbox"/> DELETE	
NAME		COTLER, CHRISTOPHER R			
STREET ADDRESS		3801 N UNIVERSITY DR SUITE 401			
CITY-ST-ZIP		SUNRISE FL 33351			
TITLE		PD		<input type="checkbox"/> DELETE	
NAME		DUMBAUGH, BILL			
STREET ADDRESS		9530 W SAMPLE RD			
CITY-ST-ZIP		CORAL SPRINGS FL			
TITLE		V		<input type="checkbox"/> DELETE	
NAME		HANNON, ROBERT			
STREET ADDRESS		9530 W. SAMPLE ROAD			
CITY-ST-ZIP		CORAL SPRINGS FL			
TITLE		V		<input type="checkbox"/> DELETE	
NAME		KILBRIDE, GARY			
STREET ADDRESS		10100 PINES BLVD			
CITY-ST-ZIP		PEMBROKE PINES FL 33026			
TITLE		T		<input type="checkbox"/> DELETE	
NAME		WILLI, TOM			
STREET ADDRESS		400 S FED HWY			
CITY-ST-ZIP		HALLANDALE FL			
TITLE		D		<input checked="" type="checkbox"/> DELETE	
NAME		BUTLER, JOHN			
STREET ADDRESS		2600 HOLLYWOOD BLVD			
CITY-ST-ZIP		HOLLYWOOD FL			
1.1 TITLE		T		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME		COTLER CHRISTOPHER R			
1.3 STREET ADDRESS		3801 UNIVERSITY DR			
1.4 CITY-ST-ZIP		SUNRISE FLA 33351			
2.1 TITLE		T		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		DUMBAUGH BILL			
2.3 STREET ADDRESS		9530 W SAMPLE RD			
2.4 CITY-ST-ZIP		CORAL SPRINGS FLA 33065			
3.1 TITLE		D		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		HANNON ROBERT M.			
3.3 STREET ADDRESS		9530 W SAMPLE RD			
3.4 CITY-ST-ZIP		CORAL SPRINGS FLA 33065			
4.1 TITLE		D		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		KILBRIDE GARY			
4.3 STREET ADDRESS		10100 PINES BLVD.			
4.4 CITY-ST-ZIP		PEMBROKE PINES FLA. 33026			
5.1 TITLE		D		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		WILLIE TOM.			
5.3 STREET ADDRESS		400 S FED HWY.			
5.4 CITY-ST-ZIP		HALLANDALE FLA			
6.1 TITLE		D		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		LANGLEY MARY			
6.3 STREET ADDRESS		3801 UNIVERSITY DR			
6.4 CITY-ST-ZIP		SUNRISE FLA 33351			

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

10/14/99

954-344-1194

Date

Daytime Phone #

0014345

CR2E037 (5/99)