

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750257 (8)

1. Corporation Name

ECONOMIC FORUM OF BROWARD AND PALM BEACH COUNTIE
S, INC.

FILED

1995 JUL 26 AM 10:18

TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 105
FT. LAUDERDALE FL 33302-0105
US

P.O. BOX 105
FT. LAUDERDALE FL 33302-0105
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1979

3a. Date of Last Report

02/28/1994

4. FEI Number

59-2092997

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

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

REGA, JOSEPH JR
1601 NE 60TH ST.
FT. LAUDERDALE FL 33334

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TD
LASTER, BRUCE
#1500, 200 EAST LAS OLAS BLVD.
FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VD
SEIDEL, PATRICK
200 EAST LAS OLAS BLVD.
FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SD
DESMITH, CHARLOTTE
6451 N FEDERAL HWY ROOM 806
FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
MORGAN, LISA
101-2 NE 8TH AVE.
FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

PD
LASTER, BRUCE
#1500, 200 E LAS OLAS BLVD
FT. LAUD. FL. 33301

VD
JO ANN GERBOL C/O SUN SENTINEL
200 E. LAS OLAS BLVD.
FT. LAUD FL. 33301

STD
SHELBY SMITH
300 N.E. 3RD AVE
FT. LAUD, FL. 33301

PD
JOSEPH REGA
1601 NE 60 ST.
FT. LAUDERDALE, FL. 33334

PD
LISA MORGAN
101-2 NE 8 AVE
FT. LAUDERDALE, FL 33301

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 filing 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHELBY SMITH

4-27-95

305

765-1000