


FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751628 (9)
1. Corporation Name
WESTSIDE-DEERFIELD BUSINESSMEN ASSOCIATION, INC.



Principal Place of Business 275 SW 1ST STREET #1 DEERFIELD BEACH FL 33341	Mailing Address P.O. BOX 71 DEERFIELD BEACH FL 33443-0071
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3. Date Incorporated or Qualified 03/19/1980	3a. Date of Last Report 04/18/1996
4. FEI Number 65-0288583	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 25 Suite, Apt #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent THOMPSON, ERNEST 884 SW 3RD AVE DEERFIELD BEACH FL 33441	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	VICE - PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNOWLES, NATHANIEL B.	1.2 NAME	FELICIA POITIER
STREET ADDRESS	690 SW 12TH CT	1.3 STREET ADDRESS	95 W. HILLSBORO BLVD
CITY-ST-ZIP	DEERFIELD BCH. FL	1.4 CITY-ST-ZIP	DEERFIELD BCH. FL 33441
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, JOHNNY	2.2 NAME	
STREET ADDRESS	192 NW 3RD COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH. FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHMING, LOHMAN	3.2 NAME	
STREET ADDRESS	379 S. DIXIE HIGHWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH. FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, ERNEST	4.2 NAME	
STREET ADDRESS	242 SW 1ST COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH. FL	4.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAGIN, JOHN	5.2 NAME	
STREET ADDRESS	170 SW 3RD AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH. FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, TONY	6.2 NAME	
STREET ADDRESS	273 W. HILLSBORO BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH. 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, as changed, or on an attachment with an address.

SIGNATURE: **NATHANIEL B. KNOWLES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)