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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:19

DOCUMENT # 752055 (4)

1. Corporation Name
SOUTH BROWARD BUSINESS COUNCIL, INC.

Principal Place of Business	Mailing Address
4313 HOLLYWOOD BLVD.#208 P.O.BOX 6091 HOLLYWOOD FL 33021	4313 HOLLYWOOD BLVD.#208 P.O.BOX 6091 HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1980
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-2040572 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

STOODLEY, JAMES J.
4313 HOLLYWOOD BLVD,#208
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	STOODLEY, JAMES J	1.2 NAME	
STREET ADDRESS	4313 HOLLYWOOD BLVD. #208	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WELLIFOFF, RONALD J	2.2 NAME	
STREET ADDRESS	4429 HOLLYWOOD BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	LUNDY, ANTHONY	3.2 NAME	
STREET ADDRESS	3350 BURRIS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SALTZ, MARK L	4.2 NAME	
STREET ADDRESS	2699 STIRLING ROAD, #C-301	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	LEONARD, MAL	5.2 NAME	
STREET ADDRESS	3810 HOLLYWOOD BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SARHAN, EDWARD	6.2 NAME	
STREET ADDRESS	3407 S. STATE ROAD 7	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 is voluntarily furnished and 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: James J. Stoodley JAMES J. STOODLEY 1/8/95 (305) 962-9997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000804