

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified 04/16/1980
3a. Date of Last Report 01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

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

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

81 Name

MACCOLM A. LEONARD, CPA

82 Street Address (P.O. Box Number is Not Acceptable)

3810 HOLLYWOOD BLVD.

83

84 City

HOLLYWOOD

FL

85 Zip Code

33021

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 of Registered Agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

2/7/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STOODLEY, JAMES J
STREET ADDRESS 4313 HOLLYWOOD BLVD. #208
CITY-ST-ZIP HOLLYWOOD FL

1.1 TITLE PD
1.2 NAME EDWARD J. MAAS
1.3 STREET ADDRESS 1200 S. PINE ISLAND RD, #400
1.4 CITY-ST-ZIP PLANTATION, FL 33324

TITLE D
NAME WELLIOFF, RONALD J
STREET ADDRESS 4429 HOLLYWOOD BLVD.
CITY-ST-ZIP HOLLYWOOD FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME LUNDY, ANTHONY
STREET ADDRESS 3350 BURRIS ROAD
CITY-ST-ZIP FT. LAUDERDALE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME SALTZ, MARK L
STREET ADDRESS 2699 STIRLING ROAD, #C-301
CITY-ST-ZIP FT. LAUDERDALE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD
NAME LEONARD, MAL
STREET ADDRESS 3810 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME SARHAN, EDWARD
STREET ADDRESS 3407 S. STATE ROAD 7
CITY-ST-ZIP HOLLYWOOD FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/96 (954) 423-1750

CR2E037 (12/95)