

FILE NOW: FILING FEE IS \$61.25

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Feb 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752055** (4)

1. Corporation Name

**SOUTH BROWARD BUSINESS COUNCIL, INC.**



Principal Place of Business <b>4313 HOLLYWOOD BLVD.#208 P.O. BOX 6091 HOLLYWOOD FL 33021</b>	Mailing Address <b>P.O. BOX 6091 HOLLYWOOD FL 33081</b>
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3. Date Incorporated or Qualified <b>04/16/1980</b>	3a. Date of Last Report <b>03/18/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-2040572</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  <b>LEONARD, MALCOLM A CPA 3810 HOLLYWOOD BLVD HOLLYWOOD FL 33021</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 <b>MAAS, EDWARD J</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <b>John Stengel</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1200 S. PINE ISLAND RD #400</b>	1.2 NAME	<b>2099 Jackson St.</b>
STREET ADDRESS	<b>PLANTATION FL 33324</b>	1.3 STREET ADDRESS	<b>Hollywood FL 33020</b>
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D <b>WELLIOFF, RONALD J</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <b>DONNA SARHAN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4429 HOLLYWOOD BLVD.</b>	2.2 NAME	<b>3407 S. STATE RD 7</b>
STREET ADDRESS	<b>HOLLYWOOD FL</b>	2.3 STREET ADDRESS	<b>HOLLYWOOD, FL 33023</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D <b>LUNDY, ANTHONY</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3350 BURRIS ROAD</b>	3.2 NAME	
STREET ADDRESS	<b>FT. LAUDERDALE FL</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D <b>SALTZ, MARK L</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>DRAEL GILCHRIST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2699 STIRLING ROAD, #C-301</b>	4.2 NAME	<b>466 HOLLYWOOD BLVD</b>
STREET ADDRESS	<b>FT. LAUDERDALE FL</b>	4.3 STREET ADDRESS	<b>HOLLYWOOD, FL 33313</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	TD <b>LEONARD, MAL</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3810 HOLLYWOOD BLVD</b>	5.2 NAME	
STREET ADDRESS	<b>HOLLYWOOD FL</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D <b>SARHAN, EDWARD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3407 S. STATE ROAD 7</b>	6.2 NAME	
STREET ADDRESS	<b>HOLLYWOOD FL</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

**REQUIRED**

2/5/97

CP2E037 (9/96)