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Jun 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**



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

DOCUMENT # 767255 (3)
 1. Corporation Name
SOUTHWEST BROWARD VOLUNTEER FIRE & RESCUE INC.

Principal Place of Business: **14481 S.W. 47th. CT. FORT LAUDERDALE, FLORIDA 33330**
 Mailing Address: **10335 S.W. 50th. CT. COOPER CITY, FLORIDA 33328**

3. Date Incorporated or Qualified: **03/02/1983**
 3a. Date of Last Report: **02/09/1996**
 4. FEI Number: **NOT APPLICABLE**
 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

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

9. Name and Address of Current Registered Agent
CHRISTENSEN, RICHARD R. SR.
10335 S.W. 50th. CT.
COOPER CITY, FL. 33328

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

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: **RICHARD R. CHRISTENSEN SR. FIRE CHIEF.**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	CHRISTENSEN, RICHARD R. SR.	
STREET ADDRESS	10335 S.W. 50th. CT.	
CITY-ST-ZIP	COOPER CITY, FL. 33328	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TONA, CHARLES SR.	
STREET ADDRESS	14481 S.W. 47th. CT.	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33330	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOLMS, INGA	
STREET ADDRESS	5101 S.W. 145th. AVE.	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33330	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BIGGS, KARL	
STREET ADDRESS	6131 S.W. 38th. ST.	
CITY-ST-ZIP	DAVIE, FLORIDA 33314	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	700002211287
5.3 STREET ADDRESS	-06/13/97--01034--012
5.4 CITY-ST-ZIP	***70.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CS
6.3 STREET ADDRESS	6/10/97
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 in respect or on an attachment with an address.

SIGNATURE: **RICHARD R. CHRISTENSEN SR.**
 Signature, typed or printed name of signing officer or director Date: **JUNE 4th. 1997 (954) 434-6888** Daytime Phone #

CR2E037 (9/96)