

FILE NOW: FILING FEE IS \$61.25

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**Mar 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03452 (2)

1. Corporation Name
AMERICAN WOMAN'S SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS OF BROWARD COUNTY, INC.



Principal Place of Business C/O JILL F. ANDRON 10205 CARACAS STREET COOPER CITY FL 33026	Mailing Address C/O JILL F. ANDRON 10205 CARACAS STREET COOPER CITY FL 33026
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3. Date Incorporated or Qualified 06/05/1984	4. FEI Number 59-2468087	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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
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9. Name and Address of Current Registered Agent

**ANDRON, JILL F
10205 CARACAS STREET
COOPER CITY FL 33026**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ 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 CHEANEY, MARY F	1.1 TITLE PD
NAME	16855 NE 2 AVE. #304	1.2 NAME Laura Weiner
STREET ADDRESS	N. MIAMI BEACH FL 33162	1.3 STREET ADDRESS 2601 E. Oak PK Blvd #502
CITY-ST-ZIP		1.4 CITY-ST-ZIP FL Land FC 33306
TITLE	TD SIBERSKI, PATRICIA A	2.1 TITLE TD
NAME	12434 NW 10TH COURT	2.2 NAME Angela Johnson
STREET ADDRESS	CORAL SPRINGS FL 33071	2.3 STREET ADDRESS 4957 NW 92nd Ave
CITY-ST-ZIP		2.4 CITY-ST-ZIP SUNNYSIDE, FL 33351
TITLE	VD ANDRON, JILL F	3.1 TITLE VD
NAME	10205 CARACAS STREET	3.2 NAME Judith Wagner
STREET ADDRESS	COOPER CITY FL 33026	3.3 STREET ADDRESS 163 NW 98th Lane
CITY-ST-ZIP		3.4 CITY-ST-ZIP CORAL SPRINGS, FL 33071
TITLE	SD MOSES, GRACE	4.1 TITLE SD
NAME	12206 MELISSA WAY	4.2 NAME Sandra Weiner
STREET ADDRESS	COOPER CITY FL 33026	4.3 STREET ADDRESS 20151 NW 2nd Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP Miami FL 33169
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I 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: *Sandra Weiner* 2/5/98 9645615046

CP2E037 (10/97)