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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03690

1. Corporation Name
PLANTATION, FLORIDA CHAPTER OF SPEBSQSA, INC.

Principal Place of Business	Mailing Address
8107 NW 27TH ST. SUITE 2 CORAL SPGS. FL 33065 US	8107 NW 27TH ST. SUITE 2 CORAL SPGS. FL 33065 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/15/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 36-3399681 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FAMILANT, STANLEY G.
8107 NW 27TH ST.
SUITE 2
CORAL SPGS. FL 33065

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 _____ 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	~~MD~~	☐ DELETE	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~BOWERS, BARRY~~		1.2 NAME	EDWARD H. CLAGGETT	
STREET ADDRESS	~~5100 SW 11TH ST~~		1.3 STREET ADDRESS	3235 NE 38 STREET	
CITY-ST-ZIP	~~MARGATE FL~~		1.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROTH, MICHAEL		2.2 NAME		
STREET ADDRESS	1121 N.W. 76TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33322		2. 4 CITY-ST-ZIP		
TITLE	~~PD~~	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	FAMILANT, STANLEY G.		3.2 NAME		
STREET ADDRESS	8107 NW 27TH ST APT #2		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPGS. FL		3.4. CITY-ST-ZIP		
TITLE	~~SD~~	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	OBER, DICK		4. 2 NAME		
STREET ADDRESS	1940 NW 24TH AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TINNEY, ARTHUR		5.2 NAME		
STREET ADDRESS	7121 N.W. 5TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33317		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PARKE, TOM		6.2 NAME		
STREET ADDRESS	4921 N.W. 54TH COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] RICHARD J. ROTH, TREASURER 1/25/99 (954)989-7462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #