FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL RÉPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

23

24

ţ.

Zip

DOCUMENT # N14102

Country

9. Name and Address of Current Registered Agent

2a. Mailing Address

City & State

Zip

Sulte, Apt. #, etc.

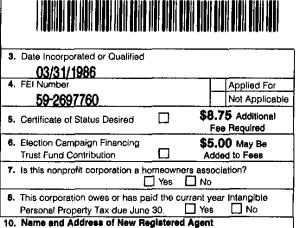
BROWARD ECONOMIC DEVELOPMENT COUNCIL, INC.

Principal Place of Business	Mailing Address	
200 E. LAS OLAS BLVD #1850 FT. LAUDERDALE FL 33301	200 E. LAS OLAS BLVD., #1850 FT. LAUDERDALE FL 33301	

26

29

FILED Feb 16 1998 8:00am Secretary of State



GARVER, JAMES A. 200 E; LAS OLAS BLVD., #1850 FT. LAUDERDALE FL 33301

02	Street Address (F.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, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered

Country

81 Name

30

agent. I a	egistered agent, or both, in the State of Florida. Su m familiar with, and accept the obligations of, Sect	ion 617.0503, Flor	ithorized by the cor ida Statutes.	poration's board of directors. I hereby accep	title appointment as	reflisteren
SIGNATURE .	Signature, typed or printed name of registered speni and title if applic	able (NOTE	Registered Agent signature	B required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	IS IN 12
TITLE	C	DELETE	1.1 TITLE		Change	Addition
NAME	MILLER, THOMAS J		1.2 NAME	i		
STREET ADDRESS	814 S FEDERAL HIGHWAY		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE	T C class	Change	Addition
NAME	GUSTAFSON, JOEL K.	•	2.2 NAME	Ron Greenskin 2505 Dahoon Ave		•
STREET ADDRESS	540 NW 4TH ST.		2.3 STREET ADDRESS	asos Dahoon No		
CITY-ST-ZIP	FT. LAUDERDALE FL		2. 4 CITY-ST-ZIP	Coconut creek, PL 330	6 90	
TITLE	S	DELETE	3.1 TITLE	WE D	Change	Addition
NAME .	INGATE, JEROME		3.2 NAME			
STREET ADDRESS	4400 NORTH FEDERAL HIGHWAY		3.3 STREET ADDRESS			i
CITY-ST-ZIP	LIGHTHOUSE POINT FL		3.4. CITY-ST-ZIP			
TITLE	C	DELETE	4.1 TITLE			☐ Addition
NAME	GORDON, DANIEL		4. 2 NAME			
STREET ADDRESS	12 NE 24TH AVE		4.3 STREET ADDRESS)		
CITY-ST-ZIP	POMPANO BCH FL		4.4 CITY-ST-ZIP	i		
TITLE	PO	DELETE	5.1 TITLE		☐ Change	Addition
NAME	GARVER, JAMES A.		5.2 NAME			
STREET ADDRESS	200 E LAS OLAS BLVD 1850		5.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY-ST-ZIP		Δ	
TITLE	1	DELETE	6.1 TITLE	3	Change	☐ Addition
NAME	MACK, WILHEMENA		6.2 NAME		rw /	
STREET ADDRESS	2101 W COMMERCIAL BLVD, STE 2000		6.3 STREET ADDRESS	\mathcal{O}_{i}	Who !	1.24

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. Tother 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.

1/2/196 901-624-3/12