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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # N14102

1. Corporation Name
BROWARD ECONOMIC DEVELOPMENT COUNCIL, INC.
dba THE BROWARD ALLIANCE

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

2. Principal Place of Business 21 350 SE 2nd Street	2a. Mailing Address 28 350 SE 2nd Street	3. Date Incorporated or Qualified 03/31/1986
Suite, Apt. #, etc. 22 Suite 400	Suite, Apt. #, etc. 27 Suite 400	4. FEI Number 59-2697760 ☐ Applied For ☐ Not Applicable
City & State 23 Fort Lauderdale, FL	City & State 28 Fort Lauderdale, FL	5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
Zip / Country 24 33301 25 USA	Zip / Country 29 33301 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GARVER, JAMES A. 200 E; LAS OLAS BLVD., #1850 FT. LAUDERDALE FL 33301	81 Name: F. Michael Langley 82 Street Address (P.O. Box Number is Not Acceptable): 350 SE 2nd Street 83: Suite 400 84 City: Fort Lauderdale, FL 85 Zip Code: 33301

11. Pursuant to the provisions of Section 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: F. Michael Langley 3/30/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C ☒ DELETE	1.1 TITLE	C ☒ Change ☐ Addition
NAME	MILLER, THOMAS J	1.2 NAME	Jerome T. Ingate
STREET ADDRESS	614 S FEDERAL HIGHWAY	1.3 STREET ADDRESS	4400 N Federal Hwy., Lighthouse Point 33064
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	2.1 TITLE	T ☒ Change ☐ Addition
NAME	GREENSKIN, RON	2.2 NAME	Paul Anderson
STREET ADDRESS	2505 DAHOON AVE.	2.3 STREET ADDRESS	100 NW 12th Avenue
CITY-ST-ZIP	COCONUT CREEK FL 33063	2.4 CITY-ST-ZIP	Deerfield Beach, FL 33443
TITLE	DS ☐ DELETE	3.1 TITLE	VC ☒ Change ☐ Addition
NAME	INGATE, JEROME	3.2 NAME	Dr. Wilhelmena Mack
STREET ADDRESS	4400 NORTH FEDERAL HIGHWAY	3.3 STREET ADDRESS	2101 W. Commercial Blvd., #2000
CITY-ST-ZIP	LIGHTHOUSE POINT FL	3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	PD ☒ DELETE	4.1 TITLE	PD ☒ Change ☐ Addition
NAME	GARVER, JAMES A.	4.2 NAME	F. Michael Langley
STREET ADDRESS	200 E LAS OLAS BLVD 1850	4.3 STREET ADDRESS	350 SE 2nd Street, Ste. 400
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	TS ☐ DELETE	5.1 TITLE	TS ☒ Change ☐ Addition
NAME	MACK, WILHEMENA	5.2 NAME	Ron Greenstein
STREET ADDRESS	2101 W COMMERCIAL BLVD, STE 2000	5.3 STREET ADDRESS	1500 NW 49th Street, Ste. 402
CITY-ST-ZIP	FT. LAUD FL	5.4 CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: F. Michael Langley **SIGNATURE REQUIRED** F. MICHAEL LANGLEY, PRESIDENT 1/27/99 (954) 524-3113
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #