


FILE NOW: FILING FEE IS \$61.25

FILED

May 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15047** (6)

1. Corporation Name

SOUTH FLORIDA CHAPTER OF THE FLORIDA PLANNING AND ZONING ASSOCIATION, INC.



Principal Place of Business 9023 SW 78TH PL MIAMI FL 33156 US	Mailing Address 9023 SW 78TH PL MIAMI FL 33156 US
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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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3. Date Incorporated or Qualified 05/21/1986
4. FEI Number 59-2686638
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

9. Name and Address of Current Registered Agent VALERA, JOSE E. 9023 SW 78TH PL MIAMI FL 33156
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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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MC MANUS, JOSEPH W		1.2 NAME GENE E BACK	
STREET ADDRESS 1410 MANTUA AVE.		1.3 STREET ADDRESS 5444 N.W. 60 DRIVE	
CITY-ST-ZIP CORLA GABLES FL		1.4 CITY-ST-ZIP CORAL SPRINGS, FLA, 33067	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VICE PRESIDENT - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VAGALINE, THOMAS J.		2.2 NAME DEAN J. GRANDIN	
STREET ADDRESS 17011 NE 199TH AVE		2.3 STREET ADDRESS 1700 CONVENTION CENTER DRIVE	
CITY-ST-ZIP N MIAMI BCH FL		2.4 CITY-ST-ZIP MIAMI BEACH, FLA. 33139	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VICE PRESIDENT - D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CAIN, DIANE M.		3.2 NAME PAUL R. BERGERON	
STREET ADDRESS 140739 SW 84TH TERR		3.3 STREET ADDRESS 790 N. HOMESTEAD BLVD.	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP HOMESTEAD, FLA. 33030	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VICE PRESIDENT - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GRANDIN, DEAN J		4.2 NAME DONALD K. WHEELER	
STREET ADDRESS 1700 CONVENTION CENTER DRIVE		4.3 STREET ADDRESS 4554 S.W. 128 PLACE	
CITY-ST-ZIP MIAMI BEACH FL		4.4 CITY-ST-ZIP MIAMI, FLA. 33175	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME WALTER CARLSON	
STREET ADDRESS		5.3 STREET ADDRESS 307 ALEDO AVE.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP CORAL GABLES, FLA. 33134	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME JOSE E. VALERA	
STREET ADDRESS		6.3 STREET ADDRESS 9023 SW 78TH PLACE	
CITY-ST-ZIP		6.4 CITY-ST-ZIP MIAMI, FLA. 33156	

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; that 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: *Jose E. Valera* 40/15/98 305 670-0001(250)

CR2E037 (10/97)