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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17101 (9)

1. Corporation Name
FLORIDA ROMANCE WRITERS, INC.

Principal Place of Business	Mailing Address
C/O SUSAN MCCONNELL KOSKI 2000 N. CONGRESS AVE., #6 WEST PALM BCH. FL 33409 US	C/O SUSAN MCCONNELL KOSKI PO BOX 7358 LAKE WORTH FL 33466-7358

3. Date Incorporated or Qualified: 10/03/1986
3a. Date of Last Report: 05/15/1996

2. Principal Place of Business	2a. Mailing Address
21 MARILYN JORDAN	26 C/O MARILYN JORDAN
Suite, Apt. #, etc. 22 4811 NW 10TH AVE	Suite, Apt. #, etc. 27 PO BOX 451205
City & State 23 FT. LAUDERDALE, FL	City & State 28 SUNRISE FL
Zip / Country 24 33309 / 25 BROWARD	Zip / Country 29 33345-1205 / 30 BROWARD

4. FEI Number: 76-0237716 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SUSAN MCCONNELL KOSKI
2000 N. CONGRESS AVE., #6
WEST PALM BCH. FL 33409

10. Name and Address of New Registered Agent

81 Name: MARILYN JORDAN
82 Street Address (P.O. Box Number is Not Acceptable): 4811 NW 10TH AVE.
83
84 City: FT LAUDERDALE FL 85 Zip Code: 33309

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: Marilyn Jordan (Marilyn Jordan) 5/5/97
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	P/D	☒ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	MCCONNELL, SUSAN KOSKI		1.2 NAME	MARILYN JORDAN	
STREET ADDRESS	2000 N. CONGRESS AVE., #6		1.3 STREET ADDRESS	4811 NW 10TH AVE	
CITY-ST-ZIP	WEST PALM BCH. FL 33409		1.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
TITLE	V/D	☒ DELETE	2.1 TITLE	V/D BARRY GLUSKY	☒ Change ☐ Addition
NAME	HARPER, LINDA HILL		2.2 NAME		
STREET ADDRESS	980 WOODLAND AVE.		2.3 STREET ADDRESS	9630 NW 25TH ST.	
CITY-ST-ZIP	WEST PALM BEACH FL 33409		2.4 CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE	T/D	☒ DELETE	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	BUTLER, JUDI		3.2 NAME	ONA BUSTOS	
STREET ADDRESS	6448 COUNTRY FAIR CIR.		3.3 STREET ADDRESS	11155 NW 24TH PL	
CITY-ST-ZIP	BOYNTON BCH. FL 33437		3.4 CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE	S/D	☒ DELETE	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	WASBURN, JAN		4.2 NAME	JULIE SLOANE	
STREET ADDRESS	4693 SW 19 ST		4.3 STREET ADDRESS	233- 8TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE F 33317		4.4 CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	S/D	☒ DELETE	5.1 TITLE	S/D	☒ Change ☐ Addition
NAME	HAMMOND, JOAN		5.2 NAME	Lisa Manuel	
STREET ADDRESS	1459 NE 63RD COURT		5.3 STREET ADDRESS	10231 NW. 43 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334		5.4 CITY-ST-ZIP	Coral Springs, FL 33065	
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 (9/96)

14. I do 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: Marilyn Jordan SIGNATURE REQUIRED 5/5/97 (954)491-1076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0043987