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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
MARILYN JORDAN 4811 NW 10TH AVE FT LAUDERDALE FL 33309 US	C/O MARILYN JORDON P O BOX 451205 SUNRISE FL 33345 US

3. Date Incorporated or Qualified: 10/03/1986

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JORDAN, MARILYN
4811 NW 10TH AVE
FT LAUDERDALE FL 33309

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 Marilyn Jordan
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		☐ Change ☐ Addition
NAME	JORDAN, MARILYN		1.2 NAME		
STREET ADDRESS	4811 NW 10TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	V/D	☒ DELETE	2.1 TITLE	V/D	☐ Change ☒ Addition
NAME	GLUSKY, BARRY		2.2 NAME	Diane Miller	
STREET ADDRESS	9630 NW 25TH ST		2.3 STREET ADDRESS	12201 NW 27 Court	
CITY-ST-ZIP	SUNRISE FL		2.4 CITY-ST-ZIP	Plantation, FL 33323	
TITLE	T/D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BUSTOS, ONA		3.2 NAME		
STREET ADDRESS	11155 NW 26TH PL		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		3.4 CITY-ST-ZIP		
TITLE	S/D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SLOANE, JULIE		4.2 NAME		
STREET ADDRESS	233-8TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH FL		4.4 CITY-ST-ZIP		
TITLE	S/D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MANUEL, LISA		5.2 NAME		
STREET ADDRESS	10231 NW 43RD ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		5.4 CITY-ST-ZIP		
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 (10/97)

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.

SIGNATURE: Ona Bustos 4/10/98 954-473-0083