

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N20211 (1)**
1. Corporation Name
THE BROWARD COUNTY FINANCIAL GROUP, INC.



Principal Place of Business: **C/O A. BURTT GREINER III
7080 N.W. 4 STREET
PLANTATION FL 33317**

Mailing Address: **C/O A. BURTT GREINER III
7080 N.W. 4 STREET
PLANTATION FL 33317**

3. Date Incorporated or Qualified: **04/17/1987**

3a. Date of Last Report: **01/30/1995**

4. FEI Number: **59-2735438**

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

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. Suite, Apt. #, etc. **27**

23. City & State **28**

24. Zip **25** Country **29** Zip **30** Country

9. Name and Address of Current Registered Agent

**GREINER, A. BURTT III
7080 N.W. 4 STREET
PLANTATION FL 33317**

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GREINER, A. BURTT, III	
STREET ADDRESS	7080 N.W. 4 STREET	
CITY - ST - ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEUSER, KEN	
STREET ADDRESS	500 E. BROWARD BLVD.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GULLMAN, JOHN D.	
STREET ADDRESS	5300 N.W. 33RD AVE. SUITE 118	
CITY - ST - ZIP	FORT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARKS, BRUCE R	
STREET ADDRESS	7501 W OAKLAND PK BLVD	
CITY - ST - ZIP	LAUDERHILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKENNA, THOMAS	
STREET ADDRESS	1101 N CONGRESS AVE	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLONINGER, PAT	
STREET ADDRESS	25 S ANDREWS AVE	
CITY - ST - ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D Anthony Parkinson
3.3 STREET ADDRESS	2611 E. Oakland Park Blvd.
3.4 CITY - ST - ZIP	FT. Lauderdale, FL 33306
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Joe Connolly
6.3 STREET ADDRESS	501 East Las Olas Blvd. 70th Floor
6.4 CITY - ST - ZIP	FT. Lauderdale, FL 33301

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *A. Burtt Greiner III* **4/15/96** **954-583-7711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)