## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 N20211 DOCUMENT #
1. Corporation Name

(1)

THE BROWARD COUNTY FINANCIAL GROUP, INC.

Principal Place of Business Mailing Address						103  110  BIO 1101  401   41  01  100  100	191 31811 41811 41811 41811		
C/O A. BURTT GREINER III C/O A. BURTT GREINER III									
7080 N.W. 4 STI	REET	7080 N.W. 4 STREET							
PLANTATION FL 33317		PLANTATION FL 33317-2201		3.	Date Incorporated or Qualified	3a. Date of Last	Report		
						04/17/1987	04/22/19	996	
2. Principal Pla	ace of Business	2a. Mailing Address			4.	FEI Number	/	Applied For	
21		26				59-2735438		Not Applicable	
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired	4	Additional	
22		27					<del></del>	Required	
City & State		City & State			, -	Election Campaign Financing Trust Fund Contribution	p-444	O May Be d to Fees	
23	Country	<b>28</b>	Zip Country			This corporation has liability for i	7,000.		
Zip	<del>                                     </del>	_ <del> </del>	10			Florida Statutes	Yes S No		
24	25   9. Name and Address of Curren	1	<u> </u>			10. Name and Address of New Registered Agent			
				1 Name			<u></u>		
GREINER	, A. BURTT III		-	0 00	4 Address (D	O. Bay Number is Not Assertab	de)		
	V. 4 STREET		82 Street Add			Address (P.O. Box Number is Not Acceptable)			
	10N FL 33317		8	3					
ILANIA	1014 1 2 000 17						Ap   76	n Codo	
			le	4 City			FL  85   Zip	p Code	
11. Pursuant to	o the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	s, the abo	ve-name	d corporation	submits this statement for the p	urpose of changing	its registered	
office or re	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was au	ithorized	by the co	rporation's b	pard of directors. I hereby accep	it the appointment a	rs Ledisteled	
•	The state of the s								
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:		vgent signatu	re required when		DATE		
12.	OFFICERS ANI		13.		A	DDITIONS/CHANGES TO OFFIC			
TITLE	D	☐ DELETE	1.1 TITU				L Change	e 🔲 Addition	
NAME	GREINER, A. BURTT, III								
STREET ADDRESS	1000 111111 1 0111201			FREET ADDRESS			1		
CITY-ST-ZIP	PLANTATION FL	DELEYE		-ST-ZIP			Change	e Addition	
TITLE	D VEHICLE VEHI	L DELETE	2.1 TITL						
NAME	MEUSER, KEN		2.2 NAME 2.3 Street Address		200	200 E. Broward Blud, Suite 2000			
- ANGEL KUDNESS	= 566 E. BROWARD BLVD:				)	<b>P</b> • • • • • • • • • • • • • • • • • • •			
CITY-ST-ZIP	FT. LAUDERDALE FL	DELETE		/-ST-ZIP			Change	e Addition	
TITLE	D Anthony Parkinson			3.1 TITLE 3.2 NAME			La Charge	, Addition	
NAME	2611 E. OAKLAND PARK BLV	n			. ]				
STREET ADDRESS		U		ET ADDRESS	`				
CITY-ST-ZIP	FT. LAUDERDALE FL D	DELETE	3.4. CITY 4.1 TITU	/-ST-ZIP			Change	e	
TITLE	MCKENNA, THOMAS		4. 2 NAN				tund O. as igo		
NAME	1101 N CONGRESS AVE			iet address	,				
STREET ADDRESS	BOYNTON BEACH FL			-\$1-ZIP	´				
CITY-ST-ZIP TITLE	D DOTATION DESCRIPTE	☐ DELETE					Change	a Addition	
NAME	JOE CONNOLLY	hand process	5.2 NAW	F		N. University Dr. 1 Springs, Fl. 6 ullman N.W. 33 Ave #	#U2.0		
STREET ADDRESS	501-EAST LOIS OAKS BLVD.	10TH-FI-OOR	53 STRI	ET ADDRESS	3///	N. University or	700		
i '	FT. LAUDERDALE FL	IVIII I EWVII	5.5 CITY	- ST- 7IP	Corn	(Sprives Fl.	33365		
CITY-ST-ZIP TITLE	I I. DAVOENDIREPTE	DELETE	6.1 TITU	01-4H	2016		Change	e 🔀 Addition	
NAME			6.2 NAW	E	John	Gullman	440		
STREET ADDRESS			6.3 STRI	FT ADDRESS	5300	N.W. 33 AVE T	118		
AITY OT TID			64 City	_ \$7_7IP	FT. 1	auxerdale El	33309		

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. 1 A. Bart Greiver SIGNATURE:

**FILED** 

Feb 05 1997 8:00am

Secretary of State