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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24267 (9)
 1. Corporation Name
SOUTH BROWARD ECONOMIC DEVELOPMENT CORPORATION



Principal Place of Business 2701 S ST RD 7 HOLLYWOOD FL 33023 US	Mailing Address 1500 FAUST 5041 NW 40TH STREET HOLLYWOOD FL 33023 2701 S. ST RD 7 HOLLYWOOD, FL 33023
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3. Date incorporated or Qualified 01/08/1988	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0039251	Applied For <input type="checkbox"/> Not Applicable
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	

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

9. Name and Address of Current Registered Agent

**FAUST, DON
 2701 S ST RD 7
 HOLLYWOOD FL 33023**

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

12. OFFICERS AND DIRECTORS

TITLE D	NAME FAUST, DON	STREET ADDRESS 2701 S ST RD 7	CITY-ST-ZIP HOLLYWOOD FL	<input type="checkbox"/> DELETE
TITLE VD	NAME HOLZHAUSER, WILLIAM	STREET ADDRESS 11 MIAMI GARDENS RD.	CITY-ST-ZIP HOLLYWOOD FL	<input type="checkbox"/> DELETE
TITLE PD	NAME PUGLISE, DOMINIQUE	STREET ADDRESS 2701 S ST RD #7	CITY-ST-ZIP HOLLYWOOD FL	<input type="checkbox"/> DELETE
TITLE TD	NAME ROSSI, RICHARD	STREET ADDRESS 6118 GARFIELD ST.	CITY-ST-ZIP HOLLYWOOD FL	<input checked="" type="checkbox"/> DELETE
TITLE D	NAME HILL, LEE ETTA D	STREET ADDRESS 2701 S ST RD #7	CITY-ST-ZIP HOLLYWOOD FL	<input type="checkbox"/> DELETE
TITLE D	NAME HILL, STEVE	STREET ADDRESS 2701 S ST RD #7	CITY-ST-ZIP HOLLYWOOD FL	<input type="checkbox"/> DELETE

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	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TREASURER
4.3 STREET ADDRESS	ROSSI, WILLIAM V.
4.4 CITY-ST-ZIP	1985 S. OCEAN DR. HALLANDALE, FL 33009
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Domènec Pugliese* **DOMÈNEC PUGLIESE** 4/25/98 963-3200 (954)

CR2E037 (10/97)