

FILE NOW: FILING FEE IS \$61.25

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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27145** (4)
1. Corporation Name
PWA COALITION OF BROWARD COUNTY FLORIDA, INC.



Principal Place of Business 2302 NE 7TH AVE FT LAUDERDALE FL 33305 US	Mailing Address 2302 NE 7TH AVE FT LAUDERDALE FL 33305 US
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3. Date Incorporated or Qualified 06/27/1988	
4. FEI Number 65-0061779	Applied For <input type="checkbox"/> Not Applicable

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 25
Zip 29	Country 30

5. Certificate of Status Desired <input checked="" 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 checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent SMITH, ROBERT, LEACH, ESQ 1801 NE 8TH ST FORT LAUDERDALE FL 33304	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	LOCKE, RICHARD
STREET ADDRESS	805 SW 4 ST
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	FUENTES, JUAN
STREET ADDRESS	3340 SW 16TH STREET
CITY-ST-ZIP	FT LAUDERDALE FL 33312
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	ROSENTHAL, ROBERT A
STREET ADDRESS	2041 SW 35TH AVENUE
CITY-ST-ZIP	FT LAUDERDALE FL 33312
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rosenthal, Robert A
1.3 STREET ADDRESS	2041 SW 35 Ave
1.4 CITY-ST-ZIP	Ft Lauderdale, FL 33312
2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Zelin Gerald
2.3 STREET ADDRESS	180 Royal Park Dr. # 408
2.4 CITY-ST-ZIP	Ft Lauderdale, FL 33309
3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William C Marx
3.3 STREET ADDRESS	116 Lake Emerald Dr # 404
3.4 CITY-ST-ZIP	Ft Lauderdale, FL 33309
4.1 TITLE	<input type="checkbox"/> Change <input 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 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: *William C Marx* William C Marx 954-565-9119

CR2E037 (10/97)