


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90053 026 \*\*\*\*61.25

0036532

|                                                          |                                                                                   |                                                                                                          |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N27145**

1. Corporation Name

**PWA COALITION OF BROWARD COUNTY FLORIDA, INC.**

Principal Place of Business

2302 NE 7TH AVE  
FT LAUDERDALE FL 33306  
US

Mailing Address

2302 NE 7TH AVE  
FT LAUDERDALE FL 33305  
US



|                                |                     |                     |                     |                                                                                                                    |                               |
|--------------------------------|---------------------|---------------------|---------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>06/27/1988</b>                                                             |                               |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>65-0061779</b>                                                                                 | Applied For<br>Not Applicable |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |                               |
| 23                             | Zip                 | 28                  | Country             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                               |
| 24                             | Country             | 29                  | Zip                 | 30                                                                                                                 |                               |

9. Name and Address of Current Registered Agent

**SMITH, ROBERT, LEACH, ESQ**  
**1801 NE 8TH ST**  
**FORT LAUDERDALE FL 33304**

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

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                      | PD                                   | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | ROSENTHAL, ROBERT A                  | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 2041 SW 35 AVE                       | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | FT LAUDERDALE FL 33312               | 1.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | VPD                                  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | ZELIN, GERALD                        | 2.2 NAME                                              | <b>VPD Houston, Tom</b>                                                      |
| STREET ADDRESS             | 120 ROYAL PARK DR. #4B               | 2.3 STREET ADDRESS                                    | <b>5100 Dupont Blvd. 11-D</b>                                                |
| CITY-ST-ZIP                | FT LAUDERDALE FL 33309               | 2.4 CITY-ST-ZIP                                       | <b>Ft. Lauderdale, FL 33308</b>                                              |
| TITLE                      | TD                                   | 3.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MARX, WILLIAM C                      | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <del>410 LAKE EMERALD DR. #404</del> | 3.3 STREET ADDRESS                                    | <b>3660 NE 1st Turn.</b>                                                     |
| CITY-ST-ZIP                | FT LAUDERDALE FL 33309               | 3.4 CITY-ST-ZIP                                       | <b>Ft. Lauderdale, FL 33334</b>                                              |
| TITLE                      |                                      | 4.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                      | 4.2 NAME                                              | <b>GRAY, BOBBY</b>                                                           |
| STREET ADDRESS             |                                      | 4.3 STREET ADDRESS                                    | <b>PO Box 30034</b>                                                          |
| CITY-ST-ZIP                |                                      | 4.4 CITY-ST-ZIP                                       | <b>Ft. Lauderdale, FL 33303</b>                                              |
| TITLE                      |                                      | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                      | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                      | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                      | 5.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      |                                      | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                      | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                      | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                      | 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, with all other like empowered.

SIGNATURE:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/6/99**  
Date

**954-537-9534**  
Daytime Phone #

CR2E037 (11/98)