


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mottram</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N31737**

1. Corporation Name

**FORT LAUDERDALE GREATER SISTER CITIES  
INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

**101 NE 3RD AVENUE  
SUITE 300  
FORT LAUDERDALE, FL 33301**

3. Date Incorporated or Qualified

**4-14-89**

4. FEI Number

**65-0194426**

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**LAURENCE D GORE  
2400 E. COMMERCIAL BLVD  
SUITE 215  
FORT LAUDERDALE, FL 33308**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

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

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	<b>LAURENCE D. GORE, PRES. D</b>	<input type="checkbox"/> DELETE
NAME	<b>ABOUT, 2400 E. COMMERCIAL BLVD</b>	
STREET ADDRESS	<b>STE 215</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33308</b>	
TITLE	<b>BRENDA WEIDMAN-McGREGOR, SEC</b>	<input type="checkbox"/> DELETE
NAME	<b>6800 CYPRESS RD # 410</b>	
STREET ADDRESS	<b>PLANTATION, FL 33317</b>	
CITY-ST-ZIP	<b>D</b>	
TITLE	<b>LUIGI SALVAMESCHI, V.P.</b>	<input type="checkbox"/> DELETE
NAME	<b>1610 NE 1ST STREET, # 7</b>	
STREET ADDRESS	<b>FORT LAUDERDALE, FL</b>	
CITY-ST-ZIP	<b>D</b>	
TITLE	<b>ELLA SWINARSKI, TREASURER</b>	<input type="checkbox"/> DELETE
NAME	<b>1352 NE 40TH STREET</b>	
STREET ADDRESS	<b>FT LAUDERDALE, FL 33334</b>	
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	<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 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:

**Ella Swinarski, Treasurer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-2-98**  
Date

**561-968-1997**  
Daytime Phone #

CR2E037 (10/97)