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**Mar 25, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N31737**

1. Corporation Name

**FORT LAUDERDALE - GREATER - SISTER CITIES INTERN  
ATIONAL, INC.**

Principal Place of Business

101 N.E. 3RD AVENUE  
SUITE 300  
FT. LAUDERDALE FL 33301

Mailing Address

101 N.E. 3RD AVENUE  
SUITE 300  
FT. LAUDERDALE FL 33301



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/14/1989

4. FEI Number

65-0194426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐  
Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

GORE, LAURENCE D ESQ.  
2400 EAST COMMERCIAL BLVD  
SUITE 215  
FT. LAUDERDALE FL 33308

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 PD  
NAME GORE, LAWRENCE D  
STREET ADDRESS 2400 E. COMMERCIAL BLVD., #215  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE VPD  
NAME LUIGI, SAL VANESHI  
STREET ADDRESS 350 S.E. SECOND ST., SUITE 500-A  
CITY-ST-ZIP FT. LAUDERDALE FL ☒ DELETE

TITLE SD  
NAME MCGREGOR, BRENDA W  
STREET ADDRESS 6800 CYPRESS ROAD, #410  
CITY-ST-ZIP PLANTATION FL 33317 ☐ DELETE

TITLE T  
NAME SWINARSKI, ELLA  
STREET ADDRESS 1352 N.E. 40TH STREET  
CITY-ST-ZIP FT LAUDERDALE FL 33334 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE VICE PRESIDENT ☐ Change ☐ Addition  
2.2 NAME GAIL, IAN C.R.  
2.3 STREET ADDRESS 521 SAN MARCO DRIVE  
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33301

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE TREASURER ☒ Change ☐ Addition  
4.2 NAME MURRAY, SUSAN  
4.3 STREET ADDRESS 2020 NE 27TH COURT  
4.4 CITY-ST-ZIP LIGHTHOUSE POINT, FL.

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

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

3/2/99 954 493 7400  
Date Daytime Phone #

CR2E037-11/98