

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37679 (0)

1. Corporation Name

BROWARD CONSTRUCTION COALITION, INC.

Principal Place of Business

**3550 NW 9 AVE
FT LAUDERDALE FL 33309**

Mailing Address

**3550 NW 9 AVE
FT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1990

3a. Date of Last Report

02/02/1994

4. FEI Number

65-0201922

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

3550 NW 9 AVE.

Suite, Apt. #, etc.

27

City & State

FT. LAUDERDALE

City & State

28

Zip

33309

Country

FLORIDA

Zip

30

Country

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**NEWIRTH, ARTHUR C.
% NEWIRTH & NEWIRTH, P.A.
888 S ANDREWS AVE, S310
FORT LAUDERDALE FL 33318**

10. Name and Address of New Registered Agent

81 Name

CHERYL HENDRICK

82 Street Address (P.O. Box Number is Not Acceptable)

83

3300 UNIVERSITY DR 403

84 City

CORAL SPRING

FL

85

Zip Code

33065

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

4/24/95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
SHAW, DAN
4700 NW 2 AVE., SUITE 202
BOCA RATON FL 33431**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SIEGLE, JOHN
% 3550 NW 9TH AVENUE
FT. LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
TONELLI, GAIL
4801 UNIVERSITY DR
DAVIE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
HENDRICK, CHERYL
3300 UNIVERSITY DR SUITE
CORAL SPRINGS FL 33065**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
ANNESTY, DAVID
1059 SHOTGUN RD.
SUNRISE FL 33328**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change

☐ Addition

FT. LAUDERDALE, FL 33309

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

☐ Change

☐ Addition

DAVIE, FL 33328

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☒ Change

☐ Addition

**3300 UNIVERSITY DR #403
CORAL SPRING, FL 33065**

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 (Change), or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHERYL HENDRICK

Date

Daytime Phone #

4/24/95 (850) 753-685