FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N40114

1. Corporation Name

TOWN OF DAVIE ECONOMIC DEVELOPMENT COUNCIL, INC.

Principal Place of Business	Mailing Address
6591 SW 45TH ST DAVIE FL 33314	6591 SW 45TH ST DAVIE FL 33314

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/24/1990	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0269033	Applied For / Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
WEBBER, BARRY S. 6200 STIRLING RD DAVIE FL 33314	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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **SD** NAME **MACKENZIE, CATHY** STREET ADDRESS **6451 NORTH FEDERAL HWY, #R113** CITY-ST-ZIP **FT LAUDERDALE FL 33306**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒Change ☐ Addition T MACKENZIE, CATHY 6451 NORTH FEDERAL HWY, #R113 FT. LAUDERDALE, FL 33306
TITLE **T** NAME **ABRAHAM, RICHRD** STREET ADDRESS **4801 SOUTH UNIVERSITY DR** CITY-ST-ZIP **DAVIE FL 33328**	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒Change ☐ Addition VCD ABRAHAM, RICHARD 4801 SOUTH UNIVERSITY DRIVE DAVIE, FL 33328
TITLE **VCD** NAME **SPIRO, CYRILL** STREET ADDRESS **2205 SOUTH UNIVERSITY DR** CITY-ST-ZIP **DAVIE FL 33324**	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☒Change ☐ Addition CD SPIRO, CYRIL 2205 SOUTH UNIVERSITY DRIVE DAVIE, FL 33324
TITLE **CD** NAME **DELORENZO, LYNN** STREET ADDRESS **1270 SOUTH PINE ISLAND ROAD** CITY-ST-ZIP **PLANTATION FL 33324**	☒DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☒ Addition SD ROSENBAUM, IRVING 3100 S.W. 9th AVENUE FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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

1/21/99 Date (954) 797-2087 Daytime Phone #

CR2E037 (11/98)