

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N40797 (5)

1. Corporation Name

BROWARD COUNTY COUNCIL OF PROFESSIONAL FIRE FIGHTERS BENEVOLENT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1501 S ANDREWS AVE
FT LAUDERDALE FL 33316

1501 S ANDREWS AVE
FT LAUDERDALE FL 33316

3. Date Incorporated or Qualified

11/13/1990

3a. Date of Last Report

02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOWNS, JACK C
12040 SW 26TH COURT
DAVE FL 33330

81 Name

PETE PRIOR

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

848 ORCHID DR.

83

84

City

PLANTATION

FL

85

Zip Code

33316

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)

6/11/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	NAPOLITANO, TONY J.	
STREET ADDRESS	5443 N.W. 107TH AVE.	
CITY - ST - ZIP	CORAL SPRINGS FL 33076	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	PERRI, ALEXANDER	
STREET ADDRESS	1501 S ANDREWS AVE	
CITY - ST - ZIP	FT LAUDERDALE FL 33316	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	DOWNS, JACK C	
STREET ADDRESS	1501 S ANDREWS AVE	
CITY - ST - ZIP	FT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PETE PRIOR	
1.3 STREET ADDRESS	848 ORCHID DRIVE	
1.4 CITY - ST - ZIP	PLANTATION, FL 33317	
2.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HOWARD NOLAND	
2.3 STREET ADDRESS	325 SE 3RD TERRACE	
2.4 CITY - ST - ZIP	DEERFIELD BCH., FL 33441	
3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOE BENAVIDES	
3.3 STREET ADDRESS	4315 GARFIELD STREET	
3.4 CITY - ST - ZIP	HOLLYWOOD, FL 33021	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/96

954-768-0330