


FILE NOW: FILING FEE IS \$61.25

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Mar 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43974** (7)  
1. Corporation Name  
**CENTER FOR INDEPENDENT LIVING OF BROWARD, INC.**



Principal Place of Business <b>8857 W. MCNAB ROAD TAMARAC FL 33321 US</b>		Mailing Address <b>8857 W. MCNAB ROAD TAMARAC FL 33321 US</b>		3. Date Incorporated or Qualified <b>06/17/1991</b>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0292125</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
23 Zip	28 Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Zip	25 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>LUYTJES, MARTIN 6890 SW 88TH ST., UNIT B-4 MIAMI FL 33156</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUYTJES, MARTIN</b>	1.2 NAME	
STREET ADDRESS	<b>6890 SW 88TH ST., UNIT B-4</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZIGMAN, MICHAEL</b>	2.2 NAME	<b>ZIGMAN, MICHAEL</b>
STREET ADDRESS	<b>21528 WOODCHURCH WAY</b>	2.3 STREET ADDRESS	<b>21528 WOODCHUCK WAY</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	2.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33428</b>
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANIELS, DAVID</b>	3.2 NAME	<b>DANIELS, DAVID</b>
STREET ADDRESS	<b>3910 NW 23RD PL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33066</b>	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MOORE, ANDREA</b>	4.2 NAME	<b>GARY SCIBA</b>
STREET ADDRESS	<b>10665 NW 7TH PLACE</b>	4.3 STREET ADDRESS	<b>7500 NW 1ST CT. #409</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	4.4 CITY-ST-ZIP	<b>PLANTATION, FL 33317</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEELE, GARETH</b>	5.2 NAME	
STREET ADDRESS	<b>5601 SW 1ST CT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHORE, RHONDA</b>	6.2 NAME	<b>SHORE, RONDA</b>
STREET ADDRESS	<b>11850 NW 31ST ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL 33323</b>	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: *[Signature]* 2/21/98 (954) 722-6400

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