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May 01 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # N44217 (0)**  
1. Corporation Name  
**BROWARD COUNTY COMMISSION GOVERNMENTAL LEASING CORPORATION**



Principal Place of Business  
**115 S ANDREWS AVE.  
GOVERNMENT CENTER, S-423  
FT. LAUDERDALE FL 33301**

Mailing Address  
**115 S ANDREWS AVE.  
GOVERNMENT CENTER, S-423  
FT. LAUDERDALE FL 33301-1801**

3. Date Incorporated or Qualified  
**07/09/1991**

3a. Date of Last Report  
**03/15/1996**

4. FEI Number  
**65-0276964**

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**

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

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

City & State  
**23**

City & State  
**28**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

9. Name and Address of Current Registered Agent  
**LALLA, MATTHEW R.  
115 S ANDREWS AVE.  
GOVERNMENT CENTER, S-423  
FT. LAUDERDALE FL 33301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **PARRISH, LORI NANCE**  
STREET ADDRESS **115 SOUTH ANDREWS AVE., ROOM 410**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **D** ☒ DELETE  
NAME **HART, JOHN P.**  
STREET ADDRESS **1191 WATERVIEW LANE**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33326**

TITLE **D** ☐ DELETE  
NAME **COWAN, SCOTT I.**  
STREET ADDRESS **1900 E OAK KNOLL CIR.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33326**

TITLE **D** ☐ DELETE  
NAME **GUNZBURGER, SUZANNE N.**  
STREET ADDRESS **803 N. SOUTHLAKE DRIVE**  
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **C** ☐ DELETE  
NAME **RODSTROM, JOHN E.**  
STREET ADDRESS **66 NURMI DRIVE**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☐ DELETE  
NAME **POITIER, SYLVIA**  
STREET ADDRESS **283 SW 1ST TERR.**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

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 **D** ☐ Change ☒ Addition  
2.2 NAME **ABRAMOWITZ, NORMAN**  
2.3 STREET ADDRESS **8212 N.W. 55th AVENUE**  
2.4 CITY-ST-ZIP **TAMARAC, FL 33321**

3.1 TITLE **C** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **3101 HIDDEN HOLLOW LANE**  
3.4 CITY-ST-ZIP **DAVIE, FL 33328**

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

5.1 TITLE **D** ☒ 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 do 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: **SCOTT I. COWAN** **4/25/97** **357-7004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035275

CR2E037 (9/96)

**BROWARD COUNTY COMMISSION GOVERNMENTAL LEASING CORPORATION**

**1997 CORPORATION ANNUAL REPORT**

**DOCUMENT # N44217 (O)**

**FEI # 65-0276964**

**ATTACHMENT FOR BLOCK 13 OF 1996 CORPORATION ANNUAL REPORT**

7.1 Title:	<i>D</i>
7.2 Name:	<i>ILENE LIEBERMAN</i>
7.3 Address:	<i>8300 N.W. 49th STREET</i>
7.4 City-St-Zip:	<i>LAUDERHILL, FL 33321</i>