

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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		
3. Date Incorporated or Qualified 07/09/1991					
4. FEI Number 65-0276964				Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 <i>No Change</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 <i>GOVERNMENT CENTER, SUITE 513</i>		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 <i>No Change</i>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country		29 Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 <i>No Change</i> 82 <i>No Change</i> 83 <i>GOVERNMENT CENTER, SUITE 513</i> 84 <i>No Change</i> 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 <input type="checkbox"/> DELETE				
NAME	PARRISH, LORI NANCE				
STREET ADDRESS	115 SOUTH ANDREWS AVE., ROOM 410				
CITY-ST-ZIP	FT. LAUDERDALE FL 33301				
TITLE	D <input type="checkbox"/> DELETE				
NAME	ABRAMOWITZ, NORMAN				
STREET ADDRESS	8212 N.W. 55TH AVE				
CITY-ST-ZIP	TAMARAC FL				
TITLE	C <input type="checkbox"/> DELETE				
NAME	COWAN, SCOTT I.				
STREET ADDRESS	3101 HIDDEN HOLLOW LAND				
CITY-ST-ZIP	DAVE FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	GUNZBURGER, SUZANNE N.				
STREET ADDRESS	803 N. SOUTHLAKE DRIVE				
CITY-ST-ZIP	HOLLYWOOD FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	RODSTROM, JOHN E.				
STREET ADDRESS	68 NURMI DRIVE				
CITY-ST-ZIP	FT. LAUDERDALE FL				
TITLE	D <input type="checkbox"/> 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	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
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 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: <i>Lori Parrish</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/28/98 (954) 357 Date Daytime Phone # 0035531			

CR2E037 (10/97)

BROWARD COUNTY COMMISSION GOVERNMENTAL LEASING CORPORATION

1998 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>4809 WOODLANDS BLVD.</i>
7.4 City-St-Zip:	<i>TAMARAC, FL 33319</i>