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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

115 SOUTH ANDREWS AVE.

GOVERNMENTAL CENTER, SUITE 513



FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90107 003 ****61.25

DOCUMENT # N44217

1. Corporation Name

BROWARD COUNTY COMMISSION GOVERNMENTAL LEASING C ORPORATION

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

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

21

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

115 S ANDREWS AVE. GOVERNMENT CENTER. S-423 FT. LAUDERDALE FL 33301

Applied For

Not Applicable

3. Date Incorporated or Qualifed

07/09/1991

65-0276964

4. FEI Number

City & State	e	City & S	State LAUDERDAL	E, F	L	5.	Certificate of Sta	atus Desired		\$8.75 Ac	
Zip	Country	Zip 333	301 30	Country	/	6.	Election Campa Trust Fund Con	-		\$5.00 N Added to	- 1
24	9. Name and Address of Current I	11		"		10.	Name and Add		Registered A	gent	
	V. Haille dild Addition of Culture,	tog.oto.ou.		81	Name						
				_	<u> </u>						
	ATTHEW R.			82	82 Street Address (P.O. Box Number is Not Acceptable)						
	DREWS AVE.			83	 						
,	MENT CTR, STE 513										
ft. Laudi	ERDALE FL 33301			84	City				FL	85 Zip C	ode
<u>}</u> .	to the provisions of Sections 617.0502		Florida Dantuton	the show	o samed	comperatio	n cubmite this et	atement for the		handing its o	egistered
office or t	to the provisions of Sections 617.0302 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such	change was autr	юпиев ру	r ine corpi	oration's b	oard of directors.	I hereby acce	ept the appoin	itment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable	. (NOTE: Re	gistered Age	nt signature r	required when	reinstating)		DATE		
12.	OFFICERS AND			13.			ADDITIONS/CH/	ANGES TO OF	FICERS AN		RS IN 12
TITLE	C		DELETE	1.1 TITLE		D				Change	☐ Addition
NAME	PARRISH, LORI NANCE			1.2 NAME		-					
STREET ADDRESS	THE COUNTY ASSESSED ASSESSED AND		1.3 STREE	TADDRESS							
CITY-ST-ZIP	FT. LAUDERDALE FL 33301			1.4 CITY-5	ST-ZIP	ĺ		,			
TITLE	D		DELETE	2.1 TITLE						Change	☐ Addition
NAME	ABRAMOWITZ, NORMAN			22 NAME				سناها والمسا	_		ſ
STREET ADDRESS	8212 N.W. 55TH AVE			2.3 STREE	TADDRESS	8212	L N.W. 8	55th Ave	4.)
CITY-ST-ZIP	TAMARAC FL			2. 4 CITY-	ST-ZIP	TAM	ARAC, FL	3333	Z <u>I. </u>		
TITLE	D		☐ DELETE	3.1 TITLE						Change	Addition
NAME	COWAN, SCOTT I.			3.2 NAME		1					Ì
STREET ADDRESS	3101 HIDDEN HOLLOW LAND			3.3 STREE	TADORESS	1.			•		Í
CITY-ST-ZIP	DAVIE FL			3.4. C/TY-	ST-ZIP	DAVI	E, FL 3	<i>3328_</i>			
TITLE	D		DELETE	4.1 TITLE						Change	Addition
NAME	GUNZBURGER, SUZANNE N.			4, 2 NAME	:	İ					[
STREET ADDRESS	l			4.3 STREE	T ADDRESS				۵.۵		
CITY-ST-ZIP	HOLLYWOOD FL			4.4 CITY-5	ST-ZIP	HOLL	LYWOOD, F	L 33	<u> </u>		
TITLE	D		DELETE	5.1 TITLE	-]				Change	Addition
NAME	RODSTROM, JOHN E.			5.2 NAME							ļ
STREET ADDRESS	l			5.3 STREE	ET ADDRESS					. • •	Ì
CITY-ST-ZIP	FT. LAUDERDALE FL			5.4 CITY-	ST-ZIP	FORT	LAUDERI	ALE, FL	_ 227		·
TITLE	D		DELETE	6.1 TITLE		D	_	• .		Change	Addition
NAME	POITIER, SYLVIA			6.2 NAME		KRIS	TIN JA	COBS			
STREET ADDRESS			•	6.3 STREE	ET ADDRESS		N.E. SH		江	_	
CITY-ST-ZIP	DEEDELE D REACH EL 33441	_		6.4 CITY-		POM	pano bea	CH, FL	3306		
44	certify that the information supplied with on this annual report or supplemental a	this filing doe:	s not qualify for the	ne exemp	tion state	d in Section	on 119.07(3)(i), Fl	orida Statutes	. I further cert	tify that the in er oath: that I	ntormation am an
officer or	director of the corporation of the receiv	er or trustee ei	mnowered to exe	cute this	report as	required b	y Chapter 617, F	Florida Statute	s; and that m	y name appe	ars in
Block 12 or Block 13 if changed, or on an attachment with an address will all other like empowered.											