SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 1. Corporation Name

City & State

O'CONNOR, MICHAEL D.

PLANTATION FL 33312

11700 NW 27 ST

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90251 033 ***140.00 09-01-1999 90001 038 ****70.00

611236 - 90501 - 38 DEDARTMENT OF CTATE

A

Applied For

\$8.75 Additional

Fee Required

Not Applicable

FORT LAUDERDALE POLICE BENEVOLENT ASSOCIATION, I

| NC. | |
|---|---|
| Principal Place of Business | Mailing Address |
| 1300 W BROWARD BLVD FT LAUDERDALE FL 33312 | 1300 W BROWARD BLVD FT LAUDERDALE FL 33312 |
| 2. Principal Place of Business | 2a. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

28

Country Country Zip 30 25 29 9. Name and Address of Current Registered Agent 81

City & State

6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

82 83 Zip Code 333 12 City 85 84

3. Date incorporated or Qualifed 12/13/1991 4. FEI Number

5. Certifcate of Status Desired

59-6004309

Ft. Laudadaie 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 of 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 8-75-99 | | | | | | | | |
| Signature, typed or pulsed name of registered ager and the if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | | | | |
| 12. | OFFICERS AND DIF | | 13. | | | | | |
| TITLE | PD | DELETE | 1,1 TITLE | D. O. CO | K Change | Addition | | |
| NAME | O'CONNOR, MICHAEL D. | | 1.2 NAME | Douglas, Cliff 1300 W. Brown | (Brod | | | |
| STREET ADDRESS | 11700 NW 27 ST | | 1.3 STREET ADDRESS | 1388, 6. 10166 | ^ '! ? a a | Ì | | |
| CITY-ST-ZIP | PLANTATION FL | | 1.4 CITY-ST-ZIP | Ft. Laudendale, F | L 33312 | | | |
| TITLE | VD | ☑ DELETE | 2.1 TITLE | QV | ™ Change | Addition | | |
| NAME | DRAGO, CHARLES W. | | 22 NAME | 1300 B. Browere | Blad | | | |
| STREET ADDRESS | 10271 NW 16 CT | | 2.3 STREET ADORESS | 1300 to Brown | , 014a | | | |
| CITY-ST-ZIP | CORAL SPRINGS FL | | 2.4 CITY-ST-ZIP | Ft. Laudadala | | | | |
| TITLE | TD | DELETE | 3.1 TITLE | TD | | Addition | | |
| NAME | STONE, ALAN | | 3.2 NAME | Roberts, KAT | The state of | } | | |
| STREET ADDRESS | 884 Camellia CT. | | 3.3 STREET ADDRESS | 1300 W. BROWERD | 0.00 | | | |
| C/TY-ST-ZIP | PLANTATION FL | | 3.4. CITY-ST-ZIP | The Landerda | P 1-6 33 | | | |
| TILE | S | DELETE | 4.1 TITLE | ς' | ☑ Change | Addition | | |
| NAME | Douglas, Cliff | | 4. 2 NAME | The enson, wayne | 5 : 1 | 1 | | |
| STREET ADDRESS | 1300 W BROWARD BLVD | | 4.3 STREET ADDRESS | Buenson, wayne | 31 w. | | | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | 4.4 CITY-ST-ZIP | Ft. Laudodale | <u> </u> | 312 | | |
| TITLE | | DELETE | 5.1 TITLE | | ☐ Change | ☐ Addition | | |
| NAME | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 6.1 ππLE | | ☐ Change | ☐ Addition | | |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | 1 | | |
| - 1 | | | CACITY OF BID | | | 1 | | |

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, with all other like empowered.

SIGNATURE:

954 761-5455