


FILE NOW: FILING FEE IS \$61.25

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Feb 15, 1999 8:00 am
Secretary of State

02-15-1999 90010 042 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46732

1. Corporation Name

BROWARD'S COALITION FOR TRANSIT NOW, INC.

Principal Place of Business

MASS TRANSIT DIVISION
 3201 WEST COPANS ROAD
 POMPANO BEACH FL 33069

Mailing Address

MASS TRANSIT DIVISION
 3201 WEST COPANS ROAD
 POMPANO BEACH FL 33069



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/06/1992
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-6000531
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	<input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent

SCANLON, MICHAEL J.
 3201 W. COPANS RD.
 POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

Michael Scanlon
 Signature, typed or printed name of registered agent and title if applicable.

Michael Scanlon

1/26/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINER, EDWARD T.	1.2 NAME	
STREET ADDRESS	7350 NW 5TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELEGAL, SUSAN F.	2.2 NAME	
STREET ADDRESS	ONE EAST BROWARD BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALCK, WALTER W.	3.2 NAME	
STREET ADDRESS	115 S. ANDREWS AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUST, DAVID R.	4.2 NAME	
STREET ADDRESS	2020 S. ANDREWS AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, GEORGE H.	5.2 NAME	
STREET ADDRESS	6200 N. ANDREWS AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, WILLIAM	6.2 NAME	
STREET ADDRESS	115 S. ANDREWS AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	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, with all other like empowered.

SIGNATURE:

Susan Delegal
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99 (954) 357-8366
 Date Daytime Phone #

CR2E037 (1/98)