

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N48133 (5)

1. Corporation Name

AMATEUR VARIETY ENTERTAINERS OF BROWARD COUNTY,
INC.

Principal Place of Business

Mailing Address

2813 NW 68TH TERRACE
MARGATE FL 33063

2813 NW 68TH TERRACE
MARGATE FL 33063



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1992		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 65-0353549		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

SMITH, BEVERLY
2813 NW 68TH TERRACE
MARGATE FL 33063

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

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

(NOTE: Registered Agent signature required when reinstating)

Date

4/11/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BEVERLY	12 NAME	
STREET ADDRESS	2813 NW 68TH TERRACE	13 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAYER, DONALD	22 NAME	
STREET ADDRESS	2811 NW 68TH TERRACE	23 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOSEPH B.	32 NAME	
STREET ADDRESS	2813 NW 68 TERRACE	33 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, BURT	42 NAME	
STREET ADDRESS	3200 NE 7TH CT	43 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, CYNTHIA	52 NAME	
STREET ADDRESS	6708 NW W9 PL	53 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	54 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, HEATHER	62 NAME	
STREET ADDRESS	21954 TIDEWATER TERR	63 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/96 984-9152

CR2E037 (12/95)