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FILED

Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

2813 NW 68TH TERRACE
MARGATE FL 33063

Mailing Address

2813 NW 68TH TERRACE
MARGATE FL 33063-55633. Date Incorporated or Qualified
03/31/19923a. Date of Last Report
04/17/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0353549

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SMITH, BEVERLY
STREET ADDRESS 2813 NW 68TH TERRACE
CITY-ST-ZIP MARGATE FLTITLE D ☐ DELETE
NAME TRAYER, DONALD
STREET ADDRESS 2811 NW 68TH TERRACE
CITY-ST-ZIP MARGATE FLTITLE D ☐ DELETE
NAME SMITH, JOSEPH B.
STREET ADDRESS 2813 NW 68 TERRACE
CITY-ST-ZIP MARGATE FLTITLE D ☐ DELETE
NAME HOOVER, BURT
STREET ADDRESS 3200 NE 7TH CT
CITY-ST-ZIP POMPANO BEACH FLTITLE D ☐ DELETE
NAME JAMES, CYNTHIA
STREET ADDRESS 6706 NW W9 PL
CITY-ST-ZIP MARGATE FLTITLE D ☒ DELETE
NAME ELAINE GRANT
STREET ADDRESS 3050 NW 42ND AVE.
CITY-ST-ZIP COCONUT CREEK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☒ Change ☐ Addition
6.2 NAME FLORENCE BICKLER
6.3 STREET ADDRESS 7441 NW 33 ST
6.4 CITY-ST-ZIP LAUDERHILL FL 33319

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97

954-979-5424
Daytime Phone # 0025404

CR2E037 (9/96)