


FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48133** (5)

1. Corporation Name

AMATEUR VARIETY ENTERTAINERS OF BROWARD COUNTY, INC.



Principal Place of Business 2013 NW 68TH TERRACE MARGATE FL 33063	Mailing Address 2013 NW 68TH TERRACE MARGATE FL 33063
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3. Date Incorporated or Qualified

03/31/1992

4. FEI Number

65-0353549

Applied For
Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29 Zip	30 Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, BEVERLY
2013 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 617.1508, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, BEVERLY	
STREET ADDRESS	2013 NW 68TH TERRACE	
CITY - ST - ZIP	MARGATE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TRAYER, DONALD	
STREET ADDRESS	2811 NW 68TH TERRACE	
CITY - ST - ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, JOSEPH B.	
STREET ADDRESS	2013 NW 68 TERRACE	
CITY - ST - ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOOVER, BURT	
STREET ADDRESS	3200 NE 7TH CT	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMES, CYNTHIA	
STREET ADDRESS	6706 NW W9 PL	
CITY - ST - ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BICKLER, FLORENCE	
STREET ADDRESS	7441 NW 33 ST	
CITY - ST - ZIP	LAUDERHILL FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Treasurer
2.3 STREET ADDRESS	Margaret Pona
2.4 CITY - ST - ZIP	5600 S.W. 18th St. #203A
	R. Land. Fla. 33068
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:

Beverly Smith

954-419-5604

CF2E037 (10/97)