

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90019 007 \*\*\*\*61.25

DOCUMENT # N48133

Corporation Name

AMATEUR VARIETY ENTERTAINERS OF BROWARD COUNTY,  
INC.

Principal Place of Business

NW 68TH TERRACE  
MARGATE FL 33063

Mailing Address

2813 NW 68TH TERRACE  
MARGATE FL 33063



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

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

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
D SMITH, BEVERLY 2813 NW 68TH TERRACE MARGATE FL		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
T PENA, M 5600 SW 12 ST 203A N LAUD FL 33068		1.2 NAME			
D SMITH, JOSEPH B. 2813 NW 68 TERRACE MARGATE FL		1.3 STREET ADDRESS			
D HOOVER, BURT 3200 NE 7TH CT POMPANO BEACH FL		1.4 CITY-ST-ZIP			
D JAMES, CYNTHIA 6706 NW W9 PL MARGATE FL		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
D BICKLER, FLORENCE 7441 NW 33 ST LAUDERHILL FL		2.2 NAME			
		2.3 STREET ADDRESS			
		2.4 CITY-ST-ZIP			
		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			

4. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (1/98)