

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 # N49433 (8)

1. Corporation Name

BROWARD BUSINESS AGAINST NARCOTICS AND DRUGS, INC.



Principal Place of Business

Mailing Address

512 NE THIRD AVE
FT LAUDERDALE FL 33301

512 NE THIRD AVE
FT LAUDERDALE FL 33301

3. Date Incorporated or Qualified

06/17/1992

3a. Date of Last Report

02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LONG, MICHAEL S
512 NE 3RD AVENUE
512 NE THIRD AVENUE
FT LAUDERDALE FL 33301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

DELETE

NAME

STEPHENS, KATIE GUSTAFON

STREET ADDRESS

110 SE 6TH STREET

CITY-ST-ZIP

FORT LAUDERDALE FL

TITLE

T

DELETE

NAME

WOOD, MARY E

STREET ADDRESS

1619 SEABREEZE BLVD

CITY-ST-ZIP

FT LAUDERDALE FL

TITLE

D

DELETE

NAME

BROWN, ALLEN

STREET ADDRESS

POST OFFICE 5367

CITY-ST-ZIP

FORT LAUDERDALE FL

TITLE

D

DELETE

NAME

CENTERA, JOHN

STREET ADDRESS

10501 NW 50TH STREET, #104

CITY-ST-ZIP

SUNRISE FL

TITLE

D

DELETE

NAME

CHOATE, DAVID

STREET ADDRESS

1300 S. ANDREWS AVENUE

CITY-ST-ZIP

FORT LAUDERDALE FL

TITLE

D

DELETE

NAME

ERIKSEN, BARBARA

STREET ADDRESS

101 W. OAKLAND PARK BOULEVARD

CITY-ST-ZIP

SUNRISE FL

1.1 TITLE

D

Change

Addition

1.2 NAME

Stephens, Katie

1.3 STREET ADDRESS

777 Glades Road

1.4 CITY-ST-ZIP

Boca Raton, FL

2.1 TITLE

VP

Change

Addition

2.2 NAME

Pulcini, Frank

2.3 STREET ADDRESS

1320 SW 116th Ave

2.4 CITY-ST-ZIP

FL - Lauderdale, FL 33325

3.1 TITLE

Pat deValle - S

Change

Addition

3.2 NAME

N/A (P.O. Box)

3.3 STREET ADDRESS

FL Lauderdale, FL

3.4 CITY-ST-ZIP

T, D, P

4.1 TITLE

CENTERA, John

Change

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

D

Change

Addition

5.2 NAME

Michael S. Long

5.3 STREET ADDRESS

512 NE 3RD AVE

5.4 CITY-ST-ZIP

Fort Lauderdale

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

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

Michael S. Long

4/28/96

(954) 463-3503

Date

Daytime Phone #

CR2E037 (12/95)