

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**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90067 037 \*\*\*\*61.25

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**DOCUMENT # N49433**

1. Corporation Name

**BROWARD BUSINESS AGAINST NARCOTICS AND DRUGS, IN  
C.**

427306 - 90067 - 37

Principal Place of Business

512 NE THIRD AVE  
FT LAUDERDALE FL 33301

Mailing Address

512 NE THIRD AVE  
FT LAUDERDALE FL 33301



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**06/17/1992**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**65-0373765**

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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 **VD** ☐ DELETE  
NAME **PULCINI, FRANK**  
STREET ADDRESS **1320 SW 115TH AVE**  
CITY-ST-ZIP **FT LAUDERDALE FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **S** ☐ DELETE  
NAME **PAT DAVALLE**  
STREET ADDRESS **N/A CPO BOX**  
CITY-ST-ZIP **FORT LAUDERDALE FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **CD** ☐ DELETE  
NAME **CENTERA, JOHN**  
STREET ADDRESS **10501 NW 50TH STREET, #104**  
CITY-ST-ZIP **SUNRISE FL**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE  
NAME **CHOATE, DAVID**  
STREET ADDRESS **1300 S. ANDREWS AVENUE**  
CITY-ST-ZIP **FORT LAUDERDALE FL**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE  
NAME **MICHAEL S. LONG**  
STREET ADDRESS **512 NE 3RD AVE**  
CITY-ST-ZIP **FT LAUDERDALE FL**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

**Chair**  
**Dan Shaw**  
**4700 NW 2ND AVE #202**  
**Boca Raton, FL 33431**

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 change, or on an attachment with an address, with all other like empowered

SIGNATURE:

**SIGNATURE REQUIRED**  
**Michael S. Long**

**4/22/99**

**954.463.3503**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)