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Feb 18 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 # **N50560** (4)
1. Corporation Name
THE SOUTH FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF CERTIFIED FRAUD EXAMINERS

Principal Place of Business Mailing Address
~~% LOU ANN BRECKENRIDGE~~
~~4840 SW 125 PLACE~~
~~MIAMI FL 33175~~
C/O BRECKENRIDGE LOU ANN
4840 SW 125TH PL
MIAMI FL 33175
US

2. Principal Place of Business 2a. Mailing Address
21 **7481 W. OAKLAND PK BLVD** 26 **PO Box 45040**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **301** 27
City & State City & State
23 **FT Lauderdale FL** 28 **SUNRISE FL**
Zip Zip Country Country
24 **33319** 25 **USA** 29 **33345** 30 **USA**

9. Name and Address of Current Registered Agent
FORTNER, GERALD
9771 N.W. 23 CT
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent
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 P ~~DELETE~~
NAME ~~LUONGO, VINCENT~~
STREET ADDRESS ~~835 TYLER ST.~~
CITY-ST-ZIP ~~HOLLYWOOD FL~~
TITLE ~~DELETE~~
NAME **CARROLL, BAUM**
STREET ADDRESS **4124 COPLUM CIR**
CITY-ST-ZIP **COCONUT CREEK FL**
TITLE ~~DELETE~~
NAME **VP**
STREET ADDRESS **KENNY, JANEL L US ALT**
CITY-ST-ZIP **99 N.E. 4 ST.**
MIAMI FL
TITLE ~~DELETE~~
NAME **DS**
STREET ADDRESS **FORTNER, GERALD**
CITY-ST-ZIP **9771 N.W. 23 CT**
CORAL SPRINGS FL
TITLE ~~DELETE~~
NAME **T**
STREET ADDRESS **FAUST, KEITH S**
CITY-ST-ZIP **9744 N.W. 5 CT**
CORAL SPRINGS FL
TITLE ~~DELETE~~
NAME **D**
STREET ADDRESS ~~IRLEID, RICHARD L~~
CITY-ST-ZIP **51 S.W. 1 AVE., ROOM 831**
MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **P/D** ☐ Change ☒ Addition
1.2 NAME **DORFMAN, WALTER**
1.3 STREET ADDRESS **7481 W. OAKLAND PK BLVD # 301**
1.4 CITY-ST-ZIP **FT Lauderdale FL 33319**
2.1 TITLE **VP** ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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:  **P/D** 2/6/98 (954) 246-9779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 00000000

CR2E037 (10/97)