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Feb 09, 1999 8:00am
Secretary of State

02-09-1999 90001 016 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001973

1. Corporation Name

BROWARD COUNTY PHARMACISTS ASSOCIATION, INC.

Principal Place of Business

4909 ADAMS ST
HOLLYWOOD FL 33021

Mailing Address

4909 ADAMS ST
HOLLYWOOD FL 33021



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/03/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0518409
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Trust Fund Contribution <input type="checkbox"/>
24	25	29
30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KATZ, ALAN
4909 ADAMS ST
HOLLYWOOD FL 33021

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVERMAN, EMANUEL	1.2 NAME	
STREET ADDRESS	493 NW 101ST AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, GERALD	2.2 NAME	
STREET ADDRESS	2725 CAYENNE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33026	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEET, DANIEL T	3.2 NAME	
STREET ADDRESS	PO BOX 612225 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33261	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, ALAN	4.2 NAME	
STREET ADDRESS	4909 ADAMS ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Alan Katz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99
Date Daytime Phone #

CR2E037 (11/98)