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May 14 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 # N94000001072 (7)

1. Corporation Name

SOUTHWEST BROWARD OPTIMIST CLUB, INC.

Principal Place of Business

Mailing Address

16310 MALIBU DRIVE
FT LAUDERDALE FL 33326
US

16310 MALIBU DRIVE
FT LAUDERDALE FL 33326
US



3. Date Incorporated or Qualified

02/28/1994

4. FEI Number

65-0450337

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 9430 LIVE OAK PL.

26 9430 LIVE OAK PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 APT #103

27 APT #103

City & State

City & State

23 FT. LAUDERDALE FL

28 FT. LAUDERDALE FL

Zip

Country

Zip

Country

24 33324

25 USA

29 33324

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTS, ELIZABETH
9430 LIVE OAK PLACE STE 103
FORT LAUDERDALE FL 33324

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
NAME HALL, JOHN
STREET ADDRESS 1517 SW 98TH LANE
CITY-ST-ZIP DAVIE FL

1.1 TITLE P
1.2 NAME PELAEZ, JUDITH
1.3 STREET ADDRESS 2214 N. 39 AVE.
1.4 CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE P
NAME BERNARD, TONI
STREET ADDRESS 16310 MALIBU DRIVE
CITY-ST-ZIP FT LAUDERDALE FL

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

TITLE STD
NAME ROBERTS, BETH
STREET ADDRESS 9430 LIVE OAK PLACE
CITY-ST-ZIP FT LAUDERDALE FL

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

TITLE D
NAME HALL, GRACE
STREET ADDRESS 1517 SW 98TH LANE
CITY-ST-ZIP DAVIE FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

ELIZABETH ROBERTS 4/17/98

(934) 797-1030
(934) 472-1115

CR2037 (10/97)