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Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001216 (0)

1. Corporation Name

COOPER CITY PROFESSIONAL FIRE FIGHTERS BENEVOLENT ASSOCIATION, INC.



Principal Place of Business	Mailing Address
10550 STIRLING RD. COOPER CITY FL 33026	10550 STIRLING RD. COOPER CITY FL 33026-3405

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	03/07/1994	07/08/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0567312	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing	Trust Fund Contribution
24	25	<input type="checkbox"/>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROBERTS, TERI 10550 STIRLING RD. COOPER CITY FL 33026		81 Name	Seraldine T. Kon
		82 Street Address (P.O. Box Number is Not Acceptable)	10550 Stirling Road
		83	Hollywood
		84 City	Cooper City, FL
		85 Zip Code	33026

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 Seraldine T. Kon Seraldine T. Kon Treasurer 2/24/97
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	PD	1.1 TITLE	PD
NAME	BICKMAN, CHARLES	1.2 NAME	OMAR VALIENTE
STREET ADDRESS	9469 S.W. 52 STREET	1.3 STREET ADDRESS	8451 NW 145T
CITY-ST-ZIP	COOPER CITY FL 33328	1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	SD	2.1 TITLE	SD
NAME	BARTLET, KEVIN	2.2 NAME	RAYMOND BRIANT
STREET ADDRESS	10550 STIRLING RD.	2.3 STREET ADDRESS	10650 STIRLING RD
CITY-ST-ZIP	COOPER CITY FL 33026	2.4 CITY-ST-ZIP	COOPER CITY FL 33026
TITLE	TD	3.1 TITLE	TD
NAME	ROBERTS, TERI	3.2 NAME	Seraldine Kon
STREET ADDRESS	10550 STIRLING RD.	3.3 STREET ADDRESS	1300 N 27 Ave
CITY-ST-ZIP	COOPER CITY FL 33026	3.4 CITY-ST-ZIP	Hollywood, FL 33020
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 Charles Bickman Charles Bickman President

CR2E037 (9/96)