

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 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 # N96000002116 (9)
1. Corporation Name
BROWARD PERSONAL COMPUTER ASSOCIATION, INC.

Principal Place of Business PO BOX 11855 FT LAUDERDALE FL 33336	Mailing Address PO BOX 11855 FT LAUDERDALE FL 33336
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 04/19/1996	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**DOOLEY, ROBERT E
2888 E OAKLAND PARK BLVD
FT LAUDERDALE FL 33307**

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME DAVIS, STEWART	
STREET ADDRESS 500 NE 2ND STREET #207	
CITY-ST-ZIP DANIA FL	
TITLE VP	<input checked="" type="checkbox"/> DELETE
NAME BEATTIE, MONCZI	
STREET ADDRESS 4357 CORAL SPRINGS DR	
CITY-ST-ZIP CORAL SPRINGS FL	
TITLE VP	<input checked="" type="checkbox"/> DELETE
NAME MARTIN, STEVE	
STREET ADDRESS 1521 NW 62 TERRACE	
CITY-ST-ZIP SUNRISE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME KETTERMAN, JAMES	
STREET ADDRESS 5900 NE 22ND WAY #805	
CITY-ST-ZIP FT LAUDERDALE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME KLUEPFEL, JOSEPH	
STREET ADDRESS 7356 FAIRFAX DRIVE	
CITY-ST-ZIP TAMARAC FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME SCHARE, ESTHER	
STREET ADDRESS 7356 FAIRFAX DRIVE	
CITY-ST-ZIP TAMARAC FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME MARTIN, STEVE	
1.3 STREET ADDRESS 1521 NW 62 TERRACE	
1.4 CITY-ST-ZIP SUNRISE FL	
2.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME SCHARE, ESTHER	
2.3 STREET ADDRESS 7356 FAIRFAX DRIVE	
2.4 CITY-ST-ZIP TAMARAC FL	
3.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME STEWART KERRIGAN	
3.3 STREET ADDRESS 1212 SE SECOND COURT APT 103	
3.4 CITY-ST-ZIP FT LAUDERDALE FL 33301-3940	
4.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME KETTERMAN, JAMES	
4.3 STREET ADDRESS 5900 NE 22ND WAY 1805	
4.4 CITY-ST-ZIP FT LAUDERDALE FL	
5.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME KLUEPFEL, JOSEPH	
5.3 STREET ADDRESS 7356 FAIRFAX DRIVE	
5.4 CITY-ST-ZIP TAMARAC FL	
6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME PAXTON, DAVE	
6.3 STREET ADDRESS 1413 NW 33RD DR.	
6.4 CITY-ST-ZIP POMPANO BCH FL 33060	

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: *[Signature]*

1/20/98 954-484-1102

CR2E037 (10/97)