


FILE NOW: FILING FEE IS \$61.25

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90105 021 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000002116					
1. Corporation Name BROWARD PERSONAL COMPUTER ASSOCIATION, INC.					
Principal Place of Business PO BOX 11955 FT LAUDERDALE FL 33336			Mailing Address PO BOX 11955 FT LAUDERDALE FL 33336		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/19/1996 4. FEI Number 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	
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, 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	<input type="checkbox"/> DELETE			
NAME	MARTIN, STEVE				
STREET ADDRESS	1521 NW 62ND TERR				
CITY-ST-ZIP	SUNRISE FL				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	SCHARE, ESTHER				
STREET ADDRESS	7356 FAIRFAX DR				
CITY-ST-ZIP	TAMARAC FL				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	STEWART KERRIGAN				
STREET ADDRESS	1212 SE SECOND CT #103				
CITY-ST-ZIP	FT LAUDERDALE FL 33301				
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	PAXTON, DAVE				
STREET ADDRESS	1413 NW 33RD DR				
CITY-ST-ZIP	POMPANO BCH FL 33060				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
6.2 NAME	STEVE COSTELLO				
6.3 STREET ADDRESS	3933 CARAMBOLA CIRCLE				
6.4 CITY-ST-ZIP	COCONUT CREEK FL 33066				

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/99 954-984-1102

CR2037-11198