

FILE NOW: FILING FEE IS \$61.25

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Jun 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002411 (4)
1. Corporation Name
BROWARD MUSIC EDUCATION ASSOCIATION, INC.



Principal Place of Business WALTER C. YOUNG MIDDLE SACHOOL 801 N.W. 129TH AVENUE PEMBROKE PINES FL 33028	Mailing Address WALTER C. YOUNG MIDDLE SACHOOL 801 N.W. 129TH AVENUE PEMBROKE PINES FL 33028-1003
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/15/1996		3a. Date of Last Report	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent SHEPARD, LEEKAR & LEVINE, P.A. 409 S.E. 7TH STREET FT. LAUDERDALE FL 33301				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILES, JAMES E		1.2 NAME Phillip Malcolm	
STREET ADDRESS 901 N.W. 129TH AVENUE		1.3 STREET ADDRESS 8000 N.W. 44th St.	
CITY-ST-ZIP PEMBROKE PINES FL 33028		1.4 CITY-ST-ZIP Sunrise, FL 33321	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOWRY, KEVIN		2.2 NAME	
STREET ADDRESS 901 N.W. 129TH AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 33028		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PENDAS, KATHLEEN		3.2 NAME	
STREET ADDRESS 1050 N.W. 2ND STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP DANIA FL 33028		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SALO, MARY C		4.2 NAME	
STREET ADDRESS 7201 SAMPLE ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL 33065		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALBERG, JEANNE		5.2 NAME	
STREET ADDRESS 6501 TURTLE RUN BLVD.		5.3 STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL 33067		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, ANTHONY		6.2 NAME	
STREET ADDRESS 201 S.W. 172ND AVE.		6.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 33068		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.

CR2E037 (9/96)