

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N96000002838 (8)

1. Corporation Name

BROWARD URBAN RIVER TRAILS INC.



Principal Place of Business 218 S W 1 AVE FT LAUDERDALE FL 33301		Mailing Address 218 S W 1 AVE FT LAUDERDALE FL 33301		3. Date Incorporated or Qualified 05/29/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0675005 NOT APPLICABLE	
21 Suite, Apt. #, etc.		26 POB 7512		Applied For Not Applicable	
22 City & State		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 FT. LAUDERDALE, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 33338		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30		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

RISKIN, STAN
499 NW 70 AVE
PLANTATION FL 33317

10. Name and Address of New Registered Agent

B1 Name	MORANI, Cynthia
B2 Street Address (P.O. Box Number is Not Acceptable)	22899 IRON WEDGE DR.
B3	
B4 City	BOCA RATON
B5 Zip Code	FL 33433

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 Cynthia Morani CYNTHIA MORANI, DIRECTOR DATE 7/13/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	OWNBY, BRUCE	1.2 NAME	
STREET ADDRESS	400 N ANDREWS AVE STE 202	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	BASSICHIS, MICHAEL	2.2 NAME	
STREET ADDRESS	8380 NW 18 DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	SOMMERVILLE, STEVE	3.2 NAME	
STREET ADDRESS	218 SW 1 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	MD
NAME		4.2 NAME	HARRISON, ROBERT L.
STREET ADDRESS		4.3 STREET ADDRESS	1327 NE 14TH CT.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
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 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: Robert L. Harrison 7/13/98 (954) 430-8706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)