

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

1997 OCT 15 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N96000004724 (8)

1. Corporation Name

SOUTH FLORIDA TELCOM FORUM, INC.

Principal Place of Business

2781 OCEAN CLUB BLVD.
SUITE 304
HOLLYWOOD FL 33019

Mailing Address

2781 OCEAN CLUB BLVD.
SUITE 304
HOLLYWOOD FL 33019

2. Principal Place of Business

21 4301 NW 53 Court
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 16593
Suite, Apt. #, etc.

City & State

23 Coconut Creek FL

City & State

28 Plantation, FL

Zip

24 33073

Country

25 USA

Zip

29 33318

Country

30 USA

9. Name and Address of Current Registered Agent

BRAVERMAN, BENNETT ESQ.
625 NE THIRD AVENUE
FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1996

3a. Date of Last Report

N/A

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No N/A

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 D
NAME EISENBERG, ALLISON J
STREET ADDRESS 2781 OCEAN CLUB BLVD., SUITE 304
CITY-ST-ZIP HOLLYWOOD FL 33019

☐ DELETE

TITLE D
NAME LAWRENCE, ALVIN W
STREET ADDRESS 777 AMERICAN EXPRESSWAY
CITY-ST-ZIP FORT LAUDERDALE FL 33337

☐ DELETE

TITLE D
NAME SCHROEDER, R.F. SCOTT
STREET ADDRESS 6451 N. FEDERAL HIGHWAY
CITY-ST-ZIP FORT LAUDERDALE FL 33308

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

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.

Rosemary Jeffries

954-421-

CR2E037 (4/97)