


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 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

DOCUMENT # N97000003780 (0)
 1. Corporation Name
 BROWARD PARTNERSHIP FOR HOMELESS, INC.



Principal Place of Business Mailing Address
 115 SOTUH ANDREWS AVE FT LAUDERDALE FL 33301
 115 SOTUH ANDREWS AVE FT LAUDERDALE FL 33301

3. Date Incorporated or Qualified
 07/02/1997
 4. FEI Number 65-0777033 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 1 East Broward Boulevard 26 1 East Broward Boulevard
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 8th Floor 27 8th Floor
 City & State City & State
 23 Fort Lauderdale 28 Fort Lauderdale
 Zip Country Zip Country
 24 33301 25 Broward 29 33301 30 Broward

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 OSTRAU, NORMAN
 115 SOTUH ANDREWS AVE
 FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
 81 Name William Keith
 82 Street Address (P.O. Box Number is Not Acceptable) 1 East Broward Boulevard
 83 8th Floor
 84 City Fort Lauderdale FL 85 Zip Code 33301

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.
 William Keith, Chairman

SIGNATURE *[Signature]* DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KEITH, WILLIAM	
STREET ADDRESS	6500 N ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OSTRAU, NORMAN	
STREET ADDRESS	115 SOUTH ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLOSSER, JAMES	
STREET ADDRESS	1528 PONCE DE LEON DR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BORKSON, ELLIOT	
STREET ADDRESS	200 E LAS OLAS BLVD STE 1900	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Keith, William	
1.3 STREET ADDRESS	2400 E. Commercial Boulevard, #315	
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Waldman, Ali	
2.3 STREET ADDRESS	440 South Andrews Avenue	
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Blosser, James	
3.3 STREET ADDRESS	1600 Ponce DeLeon Drive	
3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33316	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Luiso, Angelo	
4.3 STREET ADDRESS	2626 E. Oakland Park Boulevard	
4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306	
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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *[Signature]* William V. Keith (954) 779-3990
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)