


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 05 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morgham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # N31337 (1)**  
 1. Corporation Name  
**MIAMI SPRINGS/AIRPORT AREA CHAMBER OF COMMERCE, INC.**



Principal Place of Business 7 WESTWARD DRIVE P.O. BOX 660150 MIAMI SPRINGS FL 33266-7150	Mailing Address 7 WESTWARD DRIVE P.O. BOX 660150 MIAMI SPRINGS FL 33266-7150
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/07/1989</b>	3a. Date of Last Report <b>12/16/1996</b>
4. FEI Number <b>65-0131977</b>	Applied For <input type="checkbox"/> Not Appl cable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent <b>MOREHOUSE, EARL W 70 WESTWARD DR. MIAMI SPRINGS FL 33168</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>C</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MCQUAY, BILL</b>	
STREET ADDRESS <b>4471 NW 38 ST., #214</b>	
CITY-ST-ZIP <b>MIAMI SPRINGS FL 33168</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HEISS, NED</b>	
STREET ADDRESS <b>5301 NW 38 ST.</b>	
CITY-ST-ZIP <b>MIAMI SPRINGS FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MEZYK, BOB</b>	
STREET ADDRESS <b>70 WESTWARD DRIVE</b>	
CITY-ST-ZIP <b>MIAMI SPRINGS FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>THOMPSON, POLLY</b>	
STREET ADDRESS <b>7655 NW 50 ST.</b>	
CITY-ST-ZIP <b>MIAMI FL 33168</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>HOLDEN, FRANCES</b>	
STREET ADDRESS <b>166 HIALEAH DRIVE</b>	
CITY-ST-ZIP <b>HIALEAH, FLORIDA 33010</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>ROBERT MEZYK</b>	
1.3 STREET ADDRESS <b>297 POCATELLA STREET</b>	
1.4 CITY-ST-ZIP <b>MIAMI SPRINGS, FLORIDA 33166</b>	
2.1 TITLE <b>V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>SHERRYL B. BOWEIN</b>	
2.3 STREET ADDRESS <b>288 POCATELLA STREET</b>	
2.4 CITY-ST-ZIP <b>MIAMI SPRINGS, FLORIDA 33166</b>	
3.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>THOMPSON POLLY</b>	
3.3 STREET ADDRESS <b>560 NIGHTENGALE AVE.</b>	
3.4 CITY-ST-ZIP <b>MIAMI SPRINGS, FLORIDA 33166</b>	
4.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>TERESITA OBERMANN</b>	
4.3 STREET ADDRESS <b>481 MORNINGSIDE</b>	
4.4 CITY-ST-ZIP <b>MIAMI SPRINGS, FL 33166</b>	
5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>TAPPY ROSSON</b>	
5.3 STREET ADDRESS <b>190 WESTWARD DRIVE</b>	
5.4 CITY-ST-ZIP <b>MIAMI SPRINGS, FL. 33166</b>	
6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME <b>ALDO BARTOLONE</b>	
6.3 STREET ADDRESS <b>1110 REDBIRD AVE</b>	
6.4 CITY-ST-ZIP <b>MIAMI SPRINGS, FLORIDA 33166</b>	

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.

SIGNATURE: \_\_\_\_\_ SHERRYL B BOWEIN VICE PRESIDENT 8/11/97

CP2E037 (4/97)