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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000011606**

1. Corporation Name
DOWNTOWN BOCA RATON CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
1800 NORTH DIXIE HIGHWAY P.O. BOX 1390 BOCA RATON FL 33432	1800 NORTH DIXIE HIGHWAY P.O. BOX 1390 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/11/1992

4. FEI Number: 65-0495615 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

ARTS, M J.
1800 NORTH DIXIE HIGHWAY
BOCA RATON FL 33432

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.*

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	M.J. MIKE ARTS		1.2 NAME		
STREET ADDRESS	1800 NORTH DIXIE HIGHWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-ST-ZIP		
TITLE	D XXXXXXXXXXXXXXXXXXXXXX	☒ DELETE	2.1 TITLE	T	☐ Change XX Addition
NAME	SCHMIDT, SANDRA XXXXX		2.2 NAME	Myra Mueller	
STREET ADDRESS	2499 GLADES ROAD, #312 XXXX		2.3 STREET ADDRESS	2301 Glades Rd	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	Boca Raotn, FL 33432	
TITLE	XX T	☐ DELETE	3.1 TITLE	D XX	☒ Change ☐ Addition
NAME	GORA, MICHAEL		3.2 NAME		
STREET ADDRESS	2000 GLADES RD. 400		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		3.4. CITY-ST-ZIP		
TITLE	XX C	☐ DELETE	4.1 TITLE	D XX	☐ Change ☐ Addition
NAME	XXXXXX WILLIAM HAGER		4. 2 NAME	399 NW Boca Raton Blvd, #300	
STREET ADDRESS	750 PARK OF COMMERCE DR XXXXXXXXXXXXXXXXXX		4.3 STREET ADDRESS	Boca Raton, FL 33432	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TRAVASOS, AL		5.2 NAME		
STREET ADDRESS	2255 GLADES RD., #420A		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE	XX D	☐ DELETE	6.1 TITLE	C XX	☐ Change ☐ Addition
NAME	VECCIA, JOSEPH		6.2 NAME		
STREET ADDRESS	1100 NORTH FEDERAL HIGHWAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M.J. Mike Arts REQUIRED 4/29/99 561-395-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #