

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 737903 (5)**  
1. Corporation Name  
**THE HALLANDALE CHAMBER OF COMMERCE, INC.**



Principal Place of Business <b>323 S.E. 1ST AVENUE P O BOX 249 HALLANDALE FL 33009 US</b>		Mailing Address <b>323 S.E. 1ST AVENUE P.O. BOX 249 HALLANDALE FL 33009 US</b>		3. Date Incorporated or Qualified <b>02/01/1977</b>		3a. Date of Last Report <b>04/04/1995</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		4. FEI Number <b>59-1717977</b>		Applied For Not Applicable	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>		City & State <b>28</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>HIBBITTS, CYNTHIA J. 323 S.E. 1ST AVENUE HALLANDALE FL 33309</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <del>MARK A. BERNSTEIN</del> <del>6100 HOLLYWOOD BLVD #404</del> <del>HOLLYWOOD FL</del>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD HARRY A. PETERSEN 900 S. DIXIE HWY. HALLANDALE, FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED HARRY A. PETERSEN 900 S. DIXIE HWY. HALLANDALE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PED CHUCK FORBES 1250 E. HALLANDALE BCH. BLVD. #406 HALLANDALE, FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHUCK FORBES 1250 E. HALLANDALE BCH BLVD. #406 HALLANDALE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VPD MARK GUNDERSON 901 S. FEDERAL HWY HALLANDALE, FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARK GUNDERSON 901 S. FEDERAL HWY. HALLANDALE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VPD FRANCINE SCHILLER 1113 E. HALLANDALE BCH. BLVD. HALLANDALE, FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EVE SAVAGE 3501 JOHNSON ST. HOLLYWOOD FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VPD GEORGIA WINFIELD 500 S. FEDERAL HWY. HALLANDALE, FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CYNTHIA J. HIBBITTS 323 S.E. 1ST AVE. HALLANDALE FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed, or on an attachment with an address.

SIGNATURE

*Cynthia J. Hibbitts*  
CYNTHIA J. HIBBITTS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96

954-454-0541

CR2E037 (12/95)