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Mar 07 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

Mailing Address

**323 S.E. 1ST AVENUE  
P O BOX 249  
HALLANDALE FL 33009  
US**

**323 S.E. 1ST AVENUE  
P.O. BOX 249  
HALLANDALE FL 33009-6405  
US**



3. Date Incorporated or Qualified  
**02/01/1977**

3a. Date of Last Report  
**03/21/1996**

4. FEI Number  
**59-1717977**

Applied For  
Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HIBBITTS, CYNTHIA J.  
323 S.E. 1ST AVENUE  
HALLANDALE FL 33309**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **MARK A. BERNSTEIN**  
STREET ADDRESS **6100 HOLLYWOOD BLVD #404**  
CITY-ST-ZIP **HOLLYWOOD FL**

1.1 TITLE **PD** ☐ Change ☒ Addition  
1.2 NAME **Francine S. Schiller**  
1.3 STREET ADDRESS **1113 E. Hallandale Bch. Blvd**  
1.4 CITY-ST-ZIP **Hallandale, FL 33009**

TITLE **PD** ☒ DELETE  
NAME **HARRY A. PETERSEN**  
STREET ADDRESS **900 S. DIXIE HWY**  
CITY-ST-ZIP **HALLANDALE FL**

2.1 TITLE **VPD** ☐ Change ☒ Addition  
2.2 NAME **Leonard Chinsky**  
2.3 STREET ADDRESS **1150 E Hallandale Bch. Blvd.**  
2.4 CITY-ST-ZIP **Hallandale, FL 33009**

TITLE **VPD** ☐ DELETE  
NAME **CHUCK FORBES**  
STREET ADDRESS **1250 E. HALLANDALE BCH BLVD. #406**  
CITY-ST-ZIP **HALLANDALE FL**

3.1 TITLE **P** ☒ Change ☐ Addition  
3.2 NAME **Chuck Forbes**  
3.3 STREET ADDRESS **1250 E Hallandale Bch. Blvd**  
3.4 CITY-ST-ZIP **Hallandale, FL 33009**

TITLE **VPD** ☐ DELETE  
NAME **MARK GUNDERSON**  
STREET ADDRESS **901 S. FEDERAL HWY**  
CITY-ST-ZIP **HALLANDALE FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **VPD** ☒ DELETE  
NAME **EVE SAVAGE**  
STREET ADDRESS **9501 JOHNSON ST.**  
CITY-ST-ZIP **HOLLYWOOD FL**

5.1 TITLE **VPD** ☐ Change ☒ Addition  
5.2 NAME **Jordan Sappie**  
5.3 STREET ADDRESS **1117 E Hallandale Bch. Blvd**  
5.4 CITY-ST-ZIP **Hallandale, FL 33009**

TITLE **S** ☐ DELETE  
NAME **CYNTHIA J. HIBBITTS**  
STREET ADDRESS **323 S.E. 1ST AVE.**  
CITY-ST-ZIP **HALLANDALE FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

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

3/7/97 954-454-0541  
Date Daytime Phone #

CR2E037 (9/96)