

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 702479 (7)

1. Corporation Name

TRI-CITY CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

1350 N. STATE ROAD 7
MARGATE FL 33063
US

1350 N. STATE ROAD 7
MARGATE FL 33063
US



3. Date Incorporated or Qualified

05/25/1961

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DESSERT KATHLEEN
1350 N. STATE ROAD 7
MARGATE FL 33063

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

600001884046

07/03/96--01085--035

84 City

***61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
C
CAYOUILLE, SCOTT
P.O. BOX 771153 N/A
CORAL SPRINGS FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
C
NEWMAN, HOWARD
5269 COCONUT CREEK PARKWAY
MARGATE, FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
DAMSKY, GERRY
6460 W ATLANTIC BLVD.
MARGATE FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
P
DESSERT, KATHLEEN
1350 N. STATE ROAD 7
MARGATE, FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
VINCETT, TOM
550 N STATE ROAD 7
MARGATE FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
ST
CAYOUILLE, SCOTT
P.O. BOX 771153 N/A
CORAL SPRINGS, FL 33077

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SENA, MYKEL
1509 N. STATE ROAD 7
MARGATE FL 33063

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
D
DAMSKY, GERRY
6460 W. ATLANTIC BLVD.
MARGATE, FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEWKOWICZ, LUKE
1750 N. UNIVERSITY DRIVE, 204
CORAL SPRINGS FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
D
WOODS, JIM
5476 W. SAMPLE ROAD
MARGATE, FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DONOVAN, PAM
2333 N. STATE ROAD 7
MARGATE FL 33063

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
D
DONOVAN, PAM
340 S. STATE ROAD 7
MARGATE, FL 33068

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 if changed, or on an attachment with an address.

SIGNATURE: Kathleen Dessert KATHLEEN DESSERT 4/30/96 954-972-0818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

702479

2-2

INCASE SECTION 13, 2.1 THROUGH 2.4 IS UNREADABLE HERE IS THE INFORMATION AGAIN:

2.1 TITLE - P

2.2 NAME - DESSERT, KATHLEEN

2.3 STREET ADDRESS - 1350 N. STATE ROAD 7

2.4 CITY-ST-ZIP - MARGATE, FL 33063