


FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **702479** (7)
1. Corporation Name
NORTH BROWARD CHAMBER OF COMMERCE, INC.



Principal Place of Business 1350 N. STATE ROAD 7 MARGATE FL 33063 US	Mailing Address 1350 N. STATE ROAD 7 MARGATE FL 33063 US
--	--

3. Date Incorporated or Qualified 05/25/1961
4. FEI Number 59-0913287
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 1055 NW 45 Ave Suite, Apt. #, etc.	2a. Mailing Address 26 1055 NW 45 Ave Suite, Apt. #, etc.
22 City & State 23 Coconut Creek FL	27 City & State 28 Coconut Creek FL
24 Zip 33066	25 Country US
29 Zip 33066	30 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	

9. Name and Address of Current Registered Agent DESSERT KATHLEEN 1350 N. STATE ROAD 7 MARGATE FL 33063 <i>1055 NW 45 Ave COCONUT CREEK, FL 33066</i>	
---	--

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 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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	P DESSERT, KATHLEEN
STREET ADDRESS	1350 N. STATE ROAD 7
CITY-ST-ZIP	MARGATE FL 33063
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	D TIEMAN, PETER
STREET ADDRESS	6361 NW 16TH STREET
CITY-ST-ZIP	MARGATE FL
TITLE	<input type="checkbox"/> DELETE
NAME	O WOODS, JIM
STREET ADDRESS	5476 W. SAMPLE ROAD
CITY-ST-ZIP	MARGATE FL 33073
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	C Ron Greenstein
1.3 STREET ADDRESS	1500 NW 49 STREET STE 402
1.4 CITY-ST-ZIP	FORT LAUD FL 33309
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D Mike Frost
2.3 STREET ADDRESS	825 NW 31 AVE
2.4 CITY-ST-ZIP	FT LAUD FL 33311
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V-C Scott Garing
3.3 STREET ADDRESS	5183 NW 15 ST.
3.4 CITY-ST-ZIP	Margate, FL 33063
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ST Peter Tiernan
4.3 STREET ADDRESS	6361 NW 16 STREET
4.4 CITY-ST-ZIP	Margate, FL 33063
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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* 11-16-98 254 755-7242

CR2E037 (10/97)