## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT #

Principal Place of Business

82688 OVERSEAS HIGHWAY P.O. BOX 915 ISLAMORADA FL 33036 703450

(7)

Mailing Address

B2688 OVERSEAS HIGHWAY P.O. BOX 915 ISLAMORADA FL 33036

ISLAMORADA CHAMBER OF COMMERCE, INC.

Applied For

3. Date Incorporated or Qualified 01/15/1962

4. FEI Number

						59-1031258		No	ot Applicable	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address					\$8.75	Additional	
21	26					5. Certificate of Status Desired		Fee Re	equired	
	Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financin	-	\$5.00		
22 27					<del></del>	Trust Fund Contribution	<u> </u>	Added to	Fees	
City & State	9	<u> </u>	City & State				_	ers association	n?	
23	Courte	28	Country			<u> </u>		∐ No		
Zip	Country	Zip	_	าเกร		8. This corporation owes or ha			tangible ∃ No	
24	9. Name and Address of Curren	t Registered Agent	30		_ <del>_</del>	Personal Property Tax due J  10. Name and Address of New			1 140	
					B1 Name					
j										
LOCKHART, RACHEL				62	Street Addre	ess (P.O. Box Number is Not Acce	ptable)			
82688 OVERSEAS HWY ISLAMORADA FL 33036				83	<del></del>					
ISLAMUN	IAUA FL 33030									
			[4	84	City		F	<b>85</b> Zip (	Code	
11. Pursuant	to the provisions of Sections 617.050	2 and 617 1508 Florida Statut	tes the ab	OVE.	-named corpo	pration submits this statement for t			s registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized	l by	the corporation	on's board of directors. I hereby a	ccept the ap	pointment as	registered	
•	m tamiliar with, and accept the obliga	ations of, Section 617.0503, Fi	iorida Statu	nes.						
SIGNATURE  Signature, typed or printed name of registered agent and title If applicable (NOTE: Registered					nt signature require	d when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO O	FICERS AN	ND DIRECTOR	S IN 12	
TITLE	PD	DELETE	1.1 TITL	Æ				Change	Addition	
NAME	ROSENTHAL, HENRY		1.2 NAN	ME						
STREET ADDRESS	P O BOX 585 N/A		1.3 STRE		ADDRESS					
CITY-ST-ZIP	ISLAMORADA FL		1.4 CITY - ST - 2		r-ZIP					
TITLE	TD DELETE		2.1 TITL	ĿĒ	TI			X Change	Addition	
NAME	KETAY, RAYMOND		2.2 NAME			om Thomson				
STREET ADDRESS	P O BOX 767		2.3 STRE		ADDRESS   P.	O. Box 1413 N/A				
CITY-ST-ZIP	ISLAMORADA FL		2. 4 DIT	Y- \$1	T-ZIP IS	lamorida FL 330	35			
TITLE	SD DELETI		3.1 TITE	.E	SD			Change	Addition	
NAME	COLLINS, KYM		3.2 NAN	ИE		n Mansell				
STREET ADDRESS	P O BOX 1000 N/A		3.3 STRE		adoress   90	144 Overseas Hw	y			
CITY-ST-ZIP	ISLAMORADA FL		3.4, CIT		⊺-z⊪ Ta	vernier. FL 330	70	<u></u>		
TITLE	<del>-</del>		4.1 TITL	£		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME	A MATTER A MATERIAL AND A MATERIAL A		4. 2 NAJ	ME						
STREET ADDRESS	89 N BAY HARBOR DR		4.3 STR	EET A	address (					
CITY-ST-ZIP	KEY LARGO FL		4.4 CITY	_	- ZIP	<u></u>				
TITLE		☐ DELETE	5.1 TITL	.E				Change	■ Addition	
NAME (			5.2 NAM	Æ	ĺ	•				
STREET ADDRESS			5.3 STRI	EET A	ADDRESS	*				
CITY-ST-ZIP			5.4 CITY		- ZIP	·			-	
TITLE	DELETE		6.1 TITL	6.1 TITLE				Change	☐ Addition	
NAME		•	6.2 NAM	ΑE						
STREET ADDRESS		1	6.3 STR	EET A	ADDRESS					
CITY-ST-ZIP		/	6.4 CITY	( - ST-	- ZIP					
14. I hereby c	artify that the information supplied with on this annual report or supplemental director of the corporation or the rece	th this filing does not qualify to	or the exen	npti	ion stated in S	Section 119.07(3)(i), Florida Statute	s. I further c	ertify that the	Information	
officer or o	director of the corporation or the rece	iver or trustee empowered to	execute th	اعتر	eport as equi	red by Chapter 617, Florida Statut	es: and that	my name apr	Sears in	

Block 12 or Block 13 if changed, or or an attachment with an additate this report as equiled by Chapter 617, Holida Statutes, and that my halle appears in

**SIGNATURE:** 

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03-09-98 (305) 664-4503