


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 17 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 # 703450 (7) 1. Corporation Name ISLAMORADA CHAMBER OF COMMERCE, INC.			
Principal Place of Business 82688 OVERSEAS HIGHWAY P.O. BOX 915 ISLAMORADA FL 33036		Mailing Address 82688 OVERSEAS HIGHWAY P.O. BOX 915 ISLAMORADA FL 33036	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 01/15/1962			
4. FEI Number 59-1031258			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent LOCKHART, RACHEL 82688 OVERSEAS HWY ISLAMORADA FL 33036		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	PD	<input type="checkbox"/> DELETE	
NAME	ROSENTHAL, HENRY		
STREET ADDRESS	P O BOX 585 N/A		
CITY-ST-ZIP	ISLAMORADA FL		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	KETAY, RAYMOND		
STREET ADDRESS	P O BOX 767		
CITY-ST-ZIP	ISLAMORADA FL		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	COLLINS, KYM		
STREET ADDRESS	P O BOX 1000 N/A		
CITY-ST-ZIP	ISLAMORADA FL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	BRICKER, TIM		
STREET ADDRESS	89 N BAY HARBOR DR		
CITY-ST-ZIP	KEY LARGO FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input 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 type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	Tom Thomson		
2.3 STREET ADDRESS	P.O. Box 1413 N/A		
2.4 CITY-ST-ZIP	Islamorada FL 33035		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	Don Mansell		
3.3 STREET ADDRESS	90144 Overseas Hwy		
3.4 CITY-ST-ZIP	Tavernier, FL 33070		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
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			

SIGNATURE: _____

03-09-98 (305) 664-4503

CR2E037 (10/97)