

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:10

DOCUMENT # 704230 (2)  
1. Corporation Name  
GREATER PLANTATION CHAMBER OF COMMERCE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
7401 NW 4TH ST PLANTATION FL 33317 7401 NW 4TH ST PLANTATION FL 33317

3. Date Incorporated or Qualified 06/28/1962	3a. Date of Last Report 04/19/1994
4. FEI Number 59-0977809	Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent SINIAWSKY, JEFFERY 100 N.E. 3RD AVE FT. LAUDERDALE FL 33301	10. Name and Address of New Registered Agent 81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME MINTER, ALLEN	1.1 TITLE PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7401 NW 4TH ST.	CITY-ST-ZIP PLANTATION FL	1.2 NAME MINTER, ALLEN	
		1.3 STREET ADDRESS 7401 NW 4 St	
		1.4 CITY-ST-ZIP Plantation Fl	
TITLE STD	NAME BERKOVITS, JOE	2.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7401 NW 4TH ST.	CITY-ST-ZIP PLANTATION FL	2.2 NAME BERKOVITS, JOE	
		2.3 STREET ADDRESS 7401 NW 4 St	
		2.4 CITY-ST-ZIP PLANTATION FL	
TITLE PED	NAME SHEFFIELD, LEE	3.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7401 NW 4TH ST.	CITY-ST-ZIP PLANTATION FL	3.2 NAME SHEFFIELD, LEE	
		3.3 STREET ADDRESS 7401 NW 4 St	
		3.4 CITY-ST-ZIP PLANTATION FL	
TITLE VPD	NAME MCKENZIE, CATHY	4.1 TITLE PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7401 NW 4TH ST.	CITY-ST-ZIP PLANTATION FL	4.2 NAME MCKENZIE, CATHY	
		4.3 STREET ADDRESS 7401 NW 4 St	
		4.4 CITY-ST-ZIP PLANTATION FL	
TITLE VPD	NAME AZIERE, JERRY	5.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7401 NW 4TH ST.	CITY-ST-ZIP PLANTATION FL	5.2 NAME AZIERE, JERRY	
		5.3 STREET ADDRESS 7401 NW 4 St	
		5.4 CITY-ST-ZIP PLANTATION FL	
TITLE D	NAME KOHN, JACKIE	6.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7401 NW 4TH ST.	CITY-ST-ZIP PLANTATION FL	6.2 NAME KOHN, JACKIE	
		6.3 STREET ADDRESS 7401 NW 4 St	
		6.4 CITY-ST-ZIP PLANTATION FL	

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, on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR