

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



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 **02/22/1995**
4. FEI Number **59-0977809** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country
24 25 29 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
B1 Name
B2 Street Address (P.O. Box Not Permitted for Agent/Agent) **100 NW 17th St
03/04/96-01189-019**
B3 *****61.25**
B4 City **FL** B5 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	PPD	<input checked="" type="checkbox"/> DELETE
NAME	MINTER, ALLEN	
STREET ADDRESS	7401 NW 4TH ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BERKOVITS, JOE	
STREET ADDRESS	7401 NW 4TH ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHEFFIELD, LEE	
STREET ADDRESS	7401 NW 4TH ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	MCKENZIE, CATHY	
STREET ADDRESS	7401 NW 4TH ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	AZIERE, JERRY	
STREET ADDRESS	7401 NW 4TH ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KOHN, JACKIE	
STREET ADDRESS	7401 NW 4TH ST.	
CITY-ST-ZIP	PLANTATION FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairperson of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cathy McKenzie	
1.3 STREET ADDRESS	6451 N. Federal Hwy. #1113	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
2.1 TITLE	Chair Elect	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ned Hunt	
2.3 STREET ADDRESS	4310 W Brwd Blvd	
2.4 CITY-ST-ZIP	Plantation, FL 33317	
3.1 TITLE	Past Chair	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lee Sheffield	
3.3 STREET ADDRESS	1 N. University Dr	
3.4 CITY-ST-ZIP	Plantation, FL 33324	
4.1 TITLE	Treasurer/Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Joe Berkovits	
4.3 STREET ADDRESS	8211 W Brwd Blvd	
4.4 CITY-ST-ZIP	Plantation, FL 33324	
5.1 TITLE	Vice Chair Community Dev.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jackie Kohn	
5.3 STREET ADDRESS	8211 W. Brwd Blvd #430	
5.4 CITY-ST-ZIP	Plantation, FL 33324	
6.1 TITLE	Vice Chair Chamber Dev.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Janet Glover	
6.3 STREET ADDRESS	9141 S.W 23 Street Ste B	
6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33324	

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: _____ Date **1-24-96** Daytime Phone # **934 587-1410**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Lee Sheffield** **SG 3-4-96**

CR2E037 (12/95)