

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704230 (2)
1. Corporation Name
GREATER PLANTATION CHAMBER OF COMMERCE, INC.



Principal Place of Business 7401 NW 4TH ST PLANTATION FL 33317	Mailing Address 7401 NW 4TH ST PLANTATION FL 33317-2204
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3. Date Incorporated or Qualified 06/28/1962	3a. Date of Last Report 03/04/1996
4. FEI Number 59-0977809	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

SINIAWSKY, JEFFERY
100 N.E. 3RD AVE
FT. LAUDERDALE FL 33301
450 E. Las Olas Blvd.
Suite 800

10. Name and Address of New Registered Agent

81 Name <i>Siniawsky, Jeffery</i>
82 Street Address (P.O. Box Number is Not Acceptable) <i>450 E. Las Olas Blvd. # 800</i>
83
84 City <i> Ft. Lauderdale</i>
85 Zip Code <i> FL 33301</i>

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: *[Signature]* DATE: *4/1/97*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENZIE, CATHY	1.2 NAME	<i>mckenzie, Cathy</i>
STREET ADDRESS	6451 N FEDERAL HWY #1113	1.3 STREET ADDRESS	<i>6451 N. Federal Hwy #1113</i>
CITY-ST-ZIP	FT LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	<i> Ft. Lauderdale FL 33308</i>
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<i>S/D</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKOVITS, JOE	2.2 NAME	<i>Berkovits Joe</i>
STREET ADDRESS	7401 NW 4TH ST.	2.3 STREET ADDRESS	<i>7401 NW 4 Street</i>
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	<i> Plantation, FL 33319</i>
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<i>CD</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEFFIELD, LEE	3.2 NAME	<i>Hunt Ned</i>
STREET ADDRESS	7401 NW 4TH ST.	3.3 STREET ADDRESS	<i>7401 NW 4 Street</i>
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	<i> Plantation FL 33319</i>
TITLE	PED <input type="checkbox"/> DELETE	4.1 TITLE	<i>CE</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKENZIE, CATHY	4.2 NAME	<i>Holt Ron</i>
STREET ADDRESS	7401 NW 4TH ST.	4.3 STREET ADDRESS	<i>7401 NW 4 Street</i>
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	<i> Plantation FL 33319</i>
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<i>D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOHN E, JACKIE	5.2 NAME	<i>Bill Laystrom</i>
STREET ADDRESS	8211 W BROWARD BLVD	5.3 STREET ADDRESS	<i>1177 SE 3 Avenue</i>
CITY-ST-ZIP	PLANTATION FL 33324	5.4 CITY-ST-ZIP	<i> Ft. Lauderdale, FL 33316</i>
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<i>D</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOVER, JANET	6.2 NAME	<i>Glover Janet</i>
STREET ADDRESS	9141 SW 23 ST SUITE B	6.3 STREET ADDRESS	<i>9141 SW 23 St Suite B</i>
CITY-ST-ZIP	FT LAUDERDALE FL 33324	6.4 CITY-ST-ZIP	<i> Ft. Lauderdale FL 33324</i>

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: *4/1/97*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)