

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **711539** (7)  
1. Corporation Name  
**GREATER MIAMI SHORES CHAMBER OF COMMERCE, INC.**

Principal Place of Business Mailing Address  
**9701 NE 2ND AVE. MIAMI SHORES FL 33138** **9701 NE 2ND AVE. MIAMI SHORES FL 33138**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/26/1966</b>	3a. Date of Last Report <b>07/26/1994</b>
4. FEI Number <b>59-0822321</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 <b>9701 NE 2nd Avenue</b> City & State 23 <b>Miami Shores, Florida</b> Zip 24 <b>33138</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 <b>U.S.A.</b>
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9. Name and Address of Current Registered Agent  
**CONNOLLY, MICKIE**  
**9701 N.E. 2ND AVENUE** RETIRED.  
**MIAMI SHORES FL 33138**

10. Name and Address of New Registered Agent  
81 Name **Lewis E. Soli**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **9701 NE 2nd Avenue** **FL** 85 Zip Code **33138**

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 *[Signature]* **Executive Director** **April 25, 1995**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>1994</b> NAME <b>DVP JOHNSON, STEVE</b> STREET ADDRESS <b>209 NE 95 ST., STE #1</b> CITY - ST - ZIP <b>MIAMI SHORES FL 33138</b>		1.1 TITLE <b>1995</b> 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STEVEN J. JOHNSON</b> <b>209 NE 95 ST., STE #1</b> <b>MIAMI SHORES, FL 33138</b>
TITLE NAME <b>DS MADSEN, PAUL</b> STREET ADDRESS <b>1936 N.E. 148TH STREET</b> CITY - ST - ZIP <b>N. MIAMI FL 33181-1137</b>		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D/V/P</b> <b>MARY ROSS AGOSTA</b> <b>9401 BISCAYNE BLVD.</b> <b>MIAMI SHORES, FL 33138</b>
TITLE NAME <b>PD KLEINMAN, DENNIS</b> STREET ADDRESS <b>9100 S. DADE AND BLVD., #106</b> CITY - ST - ZIP <b>MIAMI FL 33156-7819</b>		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D/V/P</b> <b>PAUL MADSEN</b> <b>1936 NE 148 STREET</b> <b>NORTH MIAMI, FL 33181</b>
TITLE NAME <b>DP CALLAHAN JACK W.</b> STREET ADDRESS <b>9999 N.E. 2ND AVE., #200</b> CITY - ST - ZIP <b>MIAMI SHORES FL 33138-2345</b>		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <b>D/V/P</b> <b>CHARLES W. SMITH</b> <b>918 NE 92 STREET</b> <b>MIAMI SHORES, FL 33138</b>
TITLE NAME <b>DV AGOSTA, MARY ROSS</b> STREET ADDRESS <b>9401 BISCAYNE BLVD.</b> CITY - ST - ZIP <b>MIAMI SHORES FL 33138-2008</b>		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DS</b> <b>DONNA BAXTER</b> <b>10626 VE 10 COURT</b> <b>MIAMI SHORES, FL 33138</b>
TITLE NAME <b>DV HOLTS, RANDY</b> STREET ADDRESS <b>9190 BISCAYNE BLVD.</b> CITY - ST - ZIP <b>MIAMI SHORES FL 33138-3297</b>		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DT</b> <b>RANDY HOLTS</b> <b>9190 BISCAYNE BLVD.</b> <b>MIAMI SHORES, FL 33138</b>

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 110.07(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: *[Signature]* **STEVEN J. JOHNSON, PRESIDENT** **4-25-95** **305-754-5466**