

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 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 # **711539** (7)
1. Corporation Name
GREATER MIAMI SHORES CHAMBER OF COMMERCE, INC.



Principal Place of Business 9701 NE 2ND AVE. MIAMI SHORES FL 33138 US	Mailing Address 9701 NE 2ND AVE. MIAMI SHORES FL 33138-2310
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/26/1966	3a. Date of Last Report 05/01/1996
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number 59-0822321	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SOLI, LEWIS E. 9701 NE 2ND AVENUE MIAMI SHORES FL 33138		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 *[Signature]* **LEWIS E. SOLI, CORPORATE SECRETARY** DATE **4/22/97**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, STEVE	1.2 NAME	
STREET ADDRESS	209 NE 95 ST., STE. #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADSDEN, PAUL	2.2 NAME	SPENCER DANTON
STREET ADDRESS	1936 N.E. 148TH STREET	2.3 STREET ADDRESS	150 W. RUDLER ST. #1801
CITY-ST-ZIP	N. MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33130
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP + DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAXTER, DONNA	3.2 NAME	HELEN HOLLY
STREET ADDRESS	10628 NE 10TH COURT	3.3 STREET ADDRESS	592 N 60TH AVE.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33137
TITLE	DVP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, CHARLES W.	4.2 NAME	S. LOWRY CAMPBELL
STREET ADDRESS	918 NE 92ND ST	4.3 STREET ADDRESS	9375 PARK DR.
CITY-ST-ZIP	MIAMI SHORES FL	4.4 CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGOSTA, MARY ROSS	5.2 NAME	
STREET ADDRESS	9401 BISCAYNE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	5.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLIE BEGLEY	6.2 NAME	
STREET ADDRESS	9899 NE 2ND AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED** DATE: **5-1-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **0029437**

CR2E037 (9/96)