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May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 09/26/1966	
4. FEI Number 59-0822321	Applied For <input type="checkbox"/> 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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
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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 _____ DATE _____
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	NAME JOHNSON, STEVE	1.1 TITLE VPD	1.2 NAME DOUGLAS STORBERG, DMD
STREET ADDRESS 209 NE 95 ST., STE. #1	CITY-ST-ZIP MIAMI SHORES FL	1.3 STREET ADDRESS 9204 NE 62 AVE.	1.4 CITY-ST-ZIP MIAMI SHORES, FL 33138
TITLE P	NAME CANTON, SPERO	2.1 TITLE	2.2 NAME
STREET ADDRESS 150 W FLAGLER ST #1801	CITY-ST-ZIP MIAMI FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE VPD	NAME HOLLY, HERTA	3.1 TITLE	3.2 NAME
STREET ADDRESS 582 N 60TH AVE	CITY-ST-ZIP MIAMI FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE D	NAME CAMP, S LOWRY	4.1 TITLE	4.2 NAME
STREET ADDRESS 9375 PARK DR	CITY-ST-ZIP MIAMI SHORES FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE D	NAME AGOSTA, MARY ROSS	5.1 TITLE	5.2 NAME
STREET ADDRESS 9401 BISCAYNE BLVD.	CITY-ST-ZIP MIAMI SHORES FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE DT	NAME KELLIE BEGLEY	6.1 TITLE TREASURER	6.2 NAME SHELI SWANSON
STREET ADDRESS 9899 NE 2ND AVE	CITY-ST-ZIP MIAMI SHORES FL	6.3 STREET ADDRESS 2134 NW MIAMI CT.	6.4 CITY-ST-ZIP MIAMI, FL 33127

14. I 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: _____ DATE: **4/24/98** 305-754-5466

CFR2037 (1097)