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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711539

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/26/1966

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-0822321

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOLI, LEWIS E.
9701 NE 2ND AVENUE
MIAMI SHORES FL 33138

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD DELETE
NAME STOREERRY, DAVID
STREET ADDRESS 9204 NE 6TH AVENUE
CITY-ST-ZIP MIAMI SHORES FL 33138

1.1 TITLE TD Change Addition
1.2 NAME SHERI SWANSON
1.3 STREET ADDRESS 2134 NW MIAMI CT.
1.4 CITY-ST-ZIP MIAMI, FL 33127

TITLE P DELETE
NAME CANTON, SPERO
STREET ADDRESS 150 W FLAGLER ST #1801
CITY-ST-ZIP MIAMI FL

2.1 TITLE D Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPD DELETE
NAME HOLLY, HERTA
STREET ADDRESS 592 N 60TH AVE
CITY-ST-ZIP MIAMI FL

3.1 TITLE PD Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME CAMP, S LOWRY
STREET ADDRESS 9375 PARK DR
CITY-ST-ZIP MIAMI SHORES FL

4.1 TITLE DVP Change Addition
4.2 NAME KEN WHITTAKER, JR
4.3 STREET ADDRESS 1065 NE 125 ST, # 300
4.4 CITY-ST-ZIP NORTH MIAMI, FL 33161

TITLE D DELETE
NAME AGOSTA, MARY ROSS
STREET ADDRESS 9401 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI SHORES FL

5.1 TITLE VPD Change Addition
5.2 NAME Jim McCoy Jr.
5.3 STREET ADDRESS 9301 NE 6TH AVE, C-307
5.4 CITY-ST-ZIP MIAMI SHORES, FL 33138

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE VPD Change Addition
6.2 NAME DOUGLAS STOKESBERY
6.3 STREET ADDRESS 9204 NE 6TH AVE,
6.4 CITY-ST-ZIP MIAMI SHORES, FL 33138

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, with all other like empowered.

SIGNATURE:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 305-754-5466
Date Daytime Phone #

CR2E037 (11/98)

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