

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

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| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|--------------------------------------|---|--|

APPROVED
AND
FILED

95 MAY -1 AM 8:47

DOCUMENT # **721601** (3)
 1. Corporation Name
GREATER DELRAY BEACH CHAMBER OF COMMERCE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
|--|---------------------|--|--------------------------------|
| Principal Place of Business | | Mailing Address | |
| CHAMBER OF COMMERCE INC 64 SE FIFTH AVE DELRAY BEACH FL 33483-5302 | | CHAMBER OF COMMERCE INC 64 SE FIFTH AVE DELRAY BEACH FL 33483-5302 | |
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | 26 | 08/30/1971 | 02/25/1994 |
| 22 Suite, Apt # etc | 27 Suite, Apt # etc | 4. FLI Number | Applied For |
| 23 City & State | 28 City & State | 59-0581716 | Not Applicable |
| 24 Zip | 29 Zip | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 25 Country | 30 Country | <input type="checkbox"/> | <input type="checkbox"/> |

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent

WOOD, WILLIAM J.
64 SE 5TH AVE
DELRAY BEACH FL 33483

10. Name and Address of Now 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 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | DV |
| NAME | ROHAN, KEN |
| STREET ADDRESS | 14860 MILITARY TRAIL |
| CITY, ST, ZIP | DELRAY BCH, FL 0 |
| TITLE | VD |
| NAME | BROW, BONNIE |
| STREET ADDRESS | 915 HIBISCUS LANE |
| CITY, ST, ZIP | DELRAY BEACH FL |
| TITLE | D |
| NAME | NOREM, STORMET |
| STREET ADDRESS | 300 NE 5TH AVE |
| CITY, ST, ZIP | DELRAY BEACH FL |
| TITLE | DV |
| NAME | CALLOWAY, MIKE |
| STREET ADDRESS | 777 E ATLANTIC AVE |
| CITY, ST, ZIP | DELRAY BEACH FL |
| TITLE | DC |
| NAME | HAYES, BOB |
| STREET ADDRESS | 181 SE 5TH AVE |
| CITY, ST, ZIP | DELRAY BEACH FL |
| TITLE | P |
| NAME | WOOD, WILLIAM J. |
| STREET ADDRESS | 64 SE 5TH AVE |
| CITY, ST, ZIP | DELRAY BEACH FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|------------------------|--|
| 11 TITLE | C | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | Janaro, Jerry | |
| 13 STREET ADDRESS | 5858 Heritage Park Way | |
| 14 CITY, ST, ZIP | Delray Beach, FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE | | |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY, ST, ZIP | | |
| 31 TITLE | D/V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | Titcomb, Jamie | |
| 33 STREET ADDRESS | 3842 Old N. Dixie Hwy. | |
| 34 CITY, ST, ZIP | Delray Beach, FL | |
| 41 TITLE | DV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | Henninger, Dave | |
| 43 STREET ADDRESS | 101-D S. Congress Ave. | |
| 44 CITY, ST, ZIP | Delray Beach, FL | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY, ST, ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY, ST, ZIP | | |

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)(b), 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 *William J Wood* WILLIAM J WOOD 4/26/95 1-407-279-1350
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR