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# Feb 21, 1999 8:00 am
# 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 # 725108

1. Corporation Name
GREATER HOMESTEAD - FLORIDA CITY CHAMBER OF COMMERCE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 43 N. KROME AVE.<br>2ND FLOOR<br>HOMESTEAD FL 33030<br>US | 43 N. KROME AVE<br>2ND FLOOR<br>HOMESTEAD FL 33030<br>US |

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
|---|---|---|
| 21 | 26 | 12/28/1972 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-0652495 ☐ Applied For ☐ Not Applicable |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

SOVIA, KIM M
43 N. KROME AVE., 2ND FLOOR
HOMESTEAD FL 33030

**10. Name and Address of New Registered Agent**

81 Name: David Peyton
82 Street Address (P.O. Box Number is Not Acceptable): 1550 N Krome Avenue
83
84 City: Homstead FL 85 Zip Code: 33030

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: David A. Peyton DATE: 4/6/99
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 | PCEO | ☒ DELETE | 1.1 TITLE | PCEO | ☒ Change ☐ Addition |
| NAME | SOVIA, KIM | | 1.2 NAME | Peyton, David | |
| STREET ADDRESS | 43 N. KROME AVE | | 1.3 STREET ADDRESS | 1550 N Krome Avenue | |
| CITY-ST-ZIP | HOMESTEAD FL | | 1.4 CITY-ST-ZIP | Homestead FL | |
| TITLE | CH | ☒ DELETE | 2.1 TITLE | CH | ☒ Change ☐ Addition |
| NAME | SHIVER, STEVE | | 2.2 NAME | Romero, Julie | |
| STREET ADDRESS | 43 NN KROME AVENUE | | 2.3 STREET ADDRESS | 26140 S Dixie Highway | |
| CITY-ST-ZIP | GOMESTEAD FL | | 2.4 CITY-ST-ZIP | Naranja, FL | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | D | ☐ Change ☐ Addition |
| NAME | PEYTON, DAVID | | 3.2 NAME | Weller, Tom | |
| STREET ADDRESS | 43 N. KROME AVE | | 3.3 STREET ADDRESS | 65 NW 10 St. | |
| CITY-ST-ZIP | HOMESTEAD FL | | 3.4 CITY-ST-ZIP | Homestead FL | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | WELLER, TOM | | 4.2 NAME | Porter, Marlene | |
| STREET ADDRESS | 43 N. KROME AVE | | 4.3 STREET ADDRESS | 28801 SW 157 Avenue | |
| CITY-ST-ZIP | HOMESTEAD FL | | 4.4 CITY-ST-ZIP | Homestead, FL | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ROMERO, JULIE | | 5.2 NAME | | |
| STREET ADDRESS | 43 N. KROME AVE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HOMESTEAD FL 33030 | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

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:** David A. Peyton **SIGNATURE REQUIRED** 1/11/99 305 242-8668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #