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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 # 725108

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

Principal Place of Business	Mailing Address
43 N. KROME AVE. 2ND FLOOR HOMESTEAD FL 33030 US	43 N. KROME AVE 2ND FLOOR HOMESTEAD FL 33030 US

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualified: 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

TITLE	PCEO	XX DELETE
NAME	SOVIA, KIM	
STREET ADDRESS	43 N. KROME AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	CH	XX DELETE
NAME	SHIVER, STEVE	
STREET ADDRESS	43 NN KROME AVENUE	
CITY-ST-ZIP	GOMESTEAD FL	
TITLE	D	☐ DELETE
NAME	PEYTON, DAVID	
STREET ADDRESS	43 N. KROME AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	☐ DELETE
NAME	WELLER, TOM	
STREET ADDRESS	43 N. KROME AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	☐ DELETE
NAME	ROMERO, JULIE	
STREET ADDRESS	43 N. KROME AVE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCEO	XX Change ☐ Addition
1.2 NAME	Peyton, David	
1.3 STREET ADDRESS	1550 N Krome Avenue	
1.4 CITY-ST-ZIP	Homestead FL	
2.1 TITLE	CH	XX Change ☐ Addition
2.2 NAME	Romero, Julie	
2.3 STREET ADDRESS	26140 S Dixie Highway	
2.4 CITY-ST-ZIP	Naranja, FL	
3.1 TITLE	D	☐ Change ☐ Addition
3.2 NAME	Weller, Tom	
3.3 STREET ADDRESS	65 NW 11 St.	
3.4 CITY-ST-ZIP	Homestead FL	
4.1 TITLE	D	☐ Change ☑ Addition
4.2 NAME	Porter, Marlene	
4.3 STREET ADDRESS	28801 SW 157 Avenue	
4.4 CITY-ST-ZIP	Homestead, FL	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 REQUIRED — 1/11/99 — 305/242-8658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)