

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **735822**

(9)

1. Corporation Name

GREATER FORT LAUDERDALE CHAMBER OF COMMERCE, INC



Principal Place of Business

**512 NE THIRD AVE.
P O BOX 14516
FT LAUDERDALE FL 33302-1516**

Mailing Address

**512 NE THIRD AVE.
P O BOX 14516
FT LAUDERDALE FL 33302-1516**

3. Date Incorporated or Qualified
05/12/1976

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HASKEW, LES
512 NE THIRD AVENUE
FT. LAUDERDALE FL 33301**

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

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

TITLE **CD** ☐ DELETE

NAME **MOSS, STEPHEN**
STREET ADDRESS **512 NE 3RD AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☐ DELETE

NAME **MILTENBERGER, ROBERT**
STREET ADDRESS **512 N.E. 3RD AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☒ DELETE

NAME **GILL, LINDA**
STREET ADDRESS **P.O. BOX 21277 N/A**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **CD** ☒ DELETE

NAME **CASSADY, JAMES**
STREET ADDRESS **512 N.E. 3RD AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☒ DELETE

NAME **GOODMAN, MARC**
STREET ADDRESS **110 E BROWARD BLVD #19**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **CD** ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **200 EAST BROWARD BLVD. #1500**
2.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **LEIXNER, TIMOTHY**
3.3 STREET ADDRESS **100 NE 3RD AVENUE, #110**
3.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **MIKE WILLIAMS**
4.3 STREET ADDRESS **1100 PARK CENTRAL BLVD. #3500**
4.4 CITY-ST-ZIP **POMPANO BEACH, FL 33064**

5.1 TITLE **TD** ☐ Change ☒ Addition

5.2 NAME **ROBERT TORRE**
5.3 STREET ADDRESS **200 E. LAS OLAS BLVD.**
5.4 CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LES HASKEW

3-28-96

305-462-

6600,

Daytime Phone #

305-8790

CR2E037 (12/95)