

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 735822 (9)**  
1. Corporation Name  
**GREATER FORT LAUDERDALE CHAMBER OF COMMERCE, INC**



Principal Place of Business <b>512 NE THIRD AVE. P O BOX 14516 FT LAUDERDALE FL 33302-1516</b>	Mailing Address <b>512 NE THIRD AVE. P O BOX 14516 FT LAUDERDALE FL 33302-4516</b>
---	---

3. Date Incorporated or Qualified <b>05/12/1976</b>	3a. Date of Last Report <b>04/09/1996</b>
--	--

2. Principal Place of Business <b>21 512 NE Third Avenue</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 512 NE Third Avenue</b> Suite, Apt. #, etc.
City & State <b>23 Fort Lauderdale, FL</b> Zip Country <b>24 33301 25 USA</b>	City & State <b>28 Fort Lauderdale, FL</b> Zip Country <b>29 33301 30 USA</b>

4. FEI Number <b>59-0250255</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HASKEW, LES 512 NE THIRD AVENUE FT. LAUDERDALE FL 33301</b>	
---	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MOSS, STEPHEN</b>
STREET ADDRESS	<b>512 NE 3RD AVENUE</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>MILTENBERGER, ROBERT</b>
STREET ADDRESS	<b>200 E BROWARD BLVD #1500</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LEIXNER, TIMOTHY</b>
STREET ADDRESS	<b>100 NE 3RD AVENUE #110</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, MIKE</b>
STREET ADDRESS	<b>1100 PANK CENTRAL BLVD #3500</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>TOTTE, ROBERT</b>
STREET ADDRESS	<b>200 E. LAS OLAS BLVD</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>TD Tom Bradley</b>
1.3 STREET ADDRESS	<b>100 NE Third Avenue</b>
1.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33301</b>
2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Robert Miltenberger</b>
2.3 STREET ADDRESS	<b>200 E. Broward Blvd., #1500</b>
2.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33301</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>CD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Mike Williams</b>
4.3 STREET ADDRESS	<b>1100 Park Central Blvd., #3500</b>
4.4 CITY-ST-ZIP	<b>Pompano Beach, FL 33064</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E037 (9/96)