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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737903

1. Corporation Name
THE HALLANDALE - PEMBROKE PARK CHAMBER OF COMMER CE, INC.

Principal Place of Business	Mailing Address
~~323 S.E. 1ST AVENUE~~ ~~P O BOX 249~~ ~~HALLANDALE FL 33009~~ US	~~323 S.E. 1ST AVENUE~~ ~~P.O. BOX 249~~ ~~HALLANDALE FL 33009~~ US

2. Principal Place of Business	2a. Mailing Address
21 1117 E.Hallandale Bch.Blvd	26 PO Box 249
Suite, Apt. #, etc. 22 5	Suite, Apt. #, etc. 27
City & State 23 Hallandale, Fl.	City & State 28 Hallandale, Fl.
Zip / Country 24 33009 / 25 USA	Zip / Country 29 33008 / 30 USA

3. Date Incorporated or Qualifed: 02/01/1977

4. FEI Number: 59-1717977 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HIBBITTS, CYNTHIA J.
~~323 S.E. 1ST AVENUE~~
~~HALLANDALE FL 33309~~

10. Name and Address of New Registered Agent

81 Name: Cynthia J. Hibbitts
82 Street Address (P.O. Box Number is Not Acceptable): 1117 E. Hallandale Beach Blvd.
83
84 City: Hallandale **FL** 85 Zip Code: 33009

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: Cynthia J. Hibbitts 3/3/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	PED	☐ Change ☒ Addition
NAME	SCHILLER, FRANCINE S		1.2 NAME	Georgia Winfield	
STREET ADDRESS	614 ATLANTIC SHORES BLVD		1.3 STREET ADDRESS	500 S. Federal Highway	
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 CITY-ST-ZIP	Hallandale, Fl. 33009	
TITLE	VPD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PETERSEN, HARRY		2.2 NAME		
STREET ADDRESS	1250 E HALLANDALE BEACH BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANADALE FL 33009		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RIPPLE, SETH		3.2 NAME		
STREET ADDRESS	1000 E HALLANDALE BEACH BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		3.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VON ROMER, ADAM		4.2 NAME		
STREET ADDRESS	615 NW 210TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33169		4.4 CITY-ST-ZIP		
TITLE	~~PED~~	☐ DELETE	5.1 TITLE	P	☒ Change ☐ Addition
NAME	~~SAYFIE, JORDAN~~		5.2 NAME	Sayfie, Jordan	
STREET ADDRESS	~~1117 E. HALLANDALE BEACH BLVD~~		5.3 STREET ADDRESS	1117 E.Hallandale Bch. Blvd.	
CITY-ST-ZIP	~~HALLANDALE FL~~		5.4 CITY-ST-ZIP	Hallandale, Fl. 33009	
TITLE	S	☐ DELETE	6.1 TITLE	S	☒ Change ☐ Addition
NAME	CYNTHIA J. HIBBITTS		6.2 NAME	Hibbitts, Cynthia J.	
STREET ADDRESS	~~323 S.E. 1ST AVE.~~ 1117 E.Hallandale Bch. Blvd.		6.3 STREET ADDRESS	1117 E.Hallandale Bch.Blvd.	
CITY-ST-ZIP	HALLANDALE FL		6.4 CITY-ST-ZIP	Hallandale, Fl. 33009	

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: Cynthia J. Hibbitts **REQUIRED** 3/3/99 954-454-0541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)