

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

1/20
FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000005278

1. Entity Name
COUNCIL OF COMMERCE, INC.



Principal Place of Business
350 EAST LAS OLAS BLVD SUITE 1000
FORT LAUDERDALE, FL 33301

Mailing Address
350 EAST LAS OLAS BLVD SUITE 1000
FORT LAUDERDALE, FL 33301



01122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOX, HENRY H
350 EAST LAS OLAS BLVD SUITE 1000
FORT LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FOX, HENRY H
STREET ADDRESS	350 EAST LAS OLAS BLVD SUITE 100
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301

TITLE	D
NAME	SPIRO, CYRIL S
STREET ADDRESS	2205 S UNIVERSITY DR
CITY-ST-ZIP	DAVIE, FL 33324

TITLE	D
NAME	DONNELLY, MICHAEL J
STREET ADDRESS	1000 W MCNAB RD
CITY-ST-ZIP	POMPANO BEACH, FL 33069

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000019641
01/29/04-80033-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: HENRY H. Fox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

412 954 525 9900