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 # **N05096** **(5)**

1. Corporation Name

NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL O F FLORIDA, INC.

Principal Place of Business	Mailing Address
7200 LAKE ELLENOR DR STE 242 ORLANDO FL 32809 US	7200 LAKE ELLENOR DR STE 242 ORLANDO FL 32809 US

3. Date Incorporated or Qualified: **09/11/1984**
3a. Date of Last Report: **06/28/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-2547257** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALI, MALIK
545 VERN DRIVE
ORLANDO FL 32805

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALI, MALIK		1.2 NAME		
STREET ADDRESS	545 VERN DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	CANTY, JAMES		2.2 NAME	MULLINS, DEBORAH	
STREET ADDRESS	P. O. BOX 555837 MP 141		2.3 STREET ADDRESS	8800 ADAMO DR. MC705	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	VPD	☒ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	MULLINS, DEBORAH		3.2 NAME	JONES, THERESA	
STREET ADDRESS	8800 ADAMO DRIVE		3.3 STREET ADDRESS	P.O. BOX 1289	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA, FL 33601	
TITLE	SD	☒ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	JONES, THERESA		4.2 NAME	HURST, IRENE	
STREET ADDRESS	P O BOX 1289 NA		4.3 STREET ADDRESS	1111 N. WESTSHORE BLVD #200B	
CITY-ST-ZIP	TYAMPA FL		4.4 CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	TD	☒ DELETE	5.1 TITLE	T	☒ Change ☐ Addition
NAME	DOWNING, JIM		5.2 NAME	PALUMBO, ROBERT	
STREET ADDRESS	390 N ORANGE AVE		5.3 STREET ADDRESS	2180 WEST STATE RD 434 STE 6150	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	ED	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HEWELL, MIKE		6.2 NAME		
STREET ADDRESS	7200 LAKE ELLENOR DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Mikell S. Hewell, Executive Director 25 Jan 96 407 859-3901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #