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Jun 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32809-5742 US

3. Date Incorporated or Qualified: 09/11/1984
3a. Date of Last Report: 02/01/1996

2. Principal Place of Business — 21 — Suite, Apt. #, etc. — City & State — 23 — Zip — 24 — Country — 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. — City & State — 28 — 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: N/A
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: MALIK ALI ✓ Malik Ali ✓ DATE: 1/14/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ALI, MALIK 545 VERN DRIVE ORLANDO FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MULLINS, DEBORAH 8800 ADAMO DR. MC705 TAMPA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D - P MULLINS, DEBORAH 8800 ADAMO DR. MC 705 TAMPA, FL ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JONES, THERESA POST OFFICE BOX 1289 TAMPA FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D - VP GAUVEY, HELEN 13350 US 19 N CLEARWATER, FL ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HURST, IRENE 1111 N WESTSHORE BLVD 200B TAMPA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D - S HURST, IRENE 1111 N WESTSHORE BLVD 200B TAMPA, FL ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PALUMBO, ROBERT 2180 WEST STATE ROAD 434 SUITE 6150 LONGWOOD FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D - T PALUMBO, ROBERT 2180 W STATE ROAD 434, SUITE 6150 LONGWOOD, FL ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED HEWELL, MIKE 7200 LAKE ELLENOR DR ORLANDO FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D - ED ALI, MALIK 7200 LAKE ELLENOR DRIVE, SUITE 242 ORLANDO, FL ☒ Change ☐ Addition

CR2E037 (9/96)

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.

SIGNATURE: Malik Ali (OFFICER) 6/3/97 407 859-3901