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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State (23)	City & State (28)	7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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: ✓ Malik Ali — 1/5/98
Signature, type 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MULLINS, DEBORAH 8800 ADAMO DR. MC705 TAMPA FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP KEVIN GASTON 445 WEST AMELIA ORLANDO, FL 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP GAUVEY, HELEN 13350 US 19 N CLEARWATER FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DVP ERRICK YOUNG 500 S ORANGE AVE ORLANDO, FL 32802	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HURST, IRENE 1111 N WESTSHORE BLVD 200B TAMPA FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DS DENISE MULLEN 4407 PARKBREEZE ORLANDO, FL 32792	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT PALUMBO, ROBERT 2180 WEST STATE ROAD 434 SUITE 6150 LONGWOOD FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DED ALI, MALIK 7200 LAKE ELLENOR DR, STE 242 ORLANDO FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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.

SIGNATURE: ✓ Malik Ali — 1/5/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RECEIVED