FILE NOW: FILING FEE IS $61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90157 050 ****69.00

0017487

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N05096

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/11/1984	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2547257	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒	**$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALI, MALIK 545 VERN DRIVE ORLANDO FL 32805	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 _____ DATE
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	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KEVIN GASTON		1.2 NAME		
STREET ADDRESS	445 W AMELIA		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ERRICK YOUNG		2.2 NAME		
STREET ADDRESS	500 S ORANGE AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32802		2. 4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DENISE MULLEN		3.2 NAME		
STREET ADDRESS	4407 PARKBREEZE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32792		3.4. CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PALUMBO, ROBERT		4. 2 NAME		
STREET ADDRESS	2180 WEST STATE ROAD 434 SUITE 6150		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		4.4 CITY-ST-ZIP		
TITLE	DED	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ALI, MALIK		5.2 NAME		
STREET ADDRESS	7200 LAKE ELLENOR DR, STE 242		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Minority Input Chairman	☐ Change ☒ Addition
NAME			6.2 NAME	Mark Gowin	
STREET ADDRESS			6.3 STREET ADDRESS	7621 N 56th Street	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Tampa, FL 33617	

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: Malik Ali REQUIRED 1/19/99 407-859-3901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)