SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $315)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 8:12

DOCUMENT # N17766 (9)

1. Corporation Name

THE LAUDERHILL/LAUDERDALE LAKES CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
4512 NORTH UNIVERSITY DRIVE LAUDERHILL FL 33351	4512 NORTH UNIVERSITY DRIVE LAUDERHILL FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1986
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-2776964 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 County 25
Zip 29 County 30

9. Name and Address of Current Registered Agent

FRYER, ROBERT N. JR.
6827 W. COMMERCIAL BLVD.
TAMARAC FL 33319

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 _____ 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	VD	11 TITLE	VD	☒ Change ☐ Addition
NAME	SIEGEL, WILLIAM	12 NAME	MORRELL, GAIL	
STREET ADDRESS	4512 N UNIVERSITY DR	13 STREET ADDRESS	4512 N UNIVERSITY DR	
CITY-ST-ZIP	LAUDERHILL FL	14 CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE	D	21 TITLE	SD	☒ Change ☐ Addition
NAME	KOPP, JOANNE	22 NAME	BOWMAN, JOHN	
STREET ADDRESS	4512 N UNIVERSITY DRIVE	23 STREET ADDRESS	4512 N UNIVERSITY DR	
CITY-ST-ZIP	LAUDERHILL FL	24 CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE	D	31 TITLE	TD	☒ Change ☐ Addition
NAME	MURPHY, PATRICK J.	32 NAME	HARRISON, MICHAEL P.W.	
STREET ADDRESS	4440 UNIVERSITY DR	33 STREET ADDRESS	4512 N UNIVERSITY DR	
CITY-ST-ZIP	LAUDERHILL FL	34 CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	EINHEIT, JUDI	42 NAME		
STREET ADDRESS	4512 N. UNIVERSITY DR.	43 STREET ADDRESS		
CITY-ST-ZIP	FT.LAUDERDALE FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	SIEGEL, CAROLE JENSEN	52 NAME		
STREET ADDRESS	4512 N. UNIVERSITY DR.	53 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL	54 CITY-ST-ZIP		
TITLE	PD	61 TITLE		☐ Change ☐ Addition
NAME	BRONSTEIN, PAUL	62 NAME		
STREET ADDRESS	4512 N. UNIVERSITY DR.	63 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

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: _____ MICHAEL P.W. HARRISON/ TREASURER 6/15/95 305-749-8162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010406