

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90078 018 ****61.25

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DOCUMENT # N17766

1. Corporation Name

THE LAUDERHILL/LAUDERDALE LAKES CHAMBER OF COMMERCE, INC.

Principal Place of Business

4464 N. UNIVERSITY DR
LAUDERHILL FL 33351
US

Mailing Address

4464 N UNIVERSITY DR
LAUDERHILL FL 33351
US

472255 - 90078 - 10



2. Principal Place of Business

21 4850 W. Oakland Park Blvd
Suite, Apt. #, etc.

22 Suite 235
City & State

23 Lauderdale Lakes, Fla
Zip Country

24 33313 25 USA

2a. Mailing Address

26 4850 W. Oakland Park Blvd
Suite, Apt. #, etc.

27 Suite 235
City & State

28 Lauderdale Lakes, Fla
Zip Country

29 33313 30 USA

3. Date Incorporated or Qualified

11/13/1986

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

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

Robert N. Fryer Jr.
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KNOWLES, JAMES
STREET ADDRESS 4464 N UNIVERSITY DR
CITY-ST-ZIP LAUDERHILL FL
☒ DELETE

TITLE PD
NAME BOWMAN, JOHN
STREET ADDRESS 4464 N UNIVERSITY DR
CITY-ST-ZIP LAUDERHILL FL
☐ DELETE

TITLE TD
NAME HUBERMAN, MARSHA
STREET ADDRESS 4464 N UNIVERSITY DR
CITY-ST-ZIP LAUDERHILL FL
☒ DELETE

TITLE PD
NAME EINHEIT, JUDI
STREET ADDRESS 4464 N UNIVERSITY DR
CITY-ST-ZIP LAUDERHILL FL
☐ DELETE

TITLE D
NAME MONTEMARANO, JOS
STREET ADDRESS 4464 N UNIVERSITY DR
CITY-ST-ZIP LAUDERHILL FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Fryer, Robert D
1.3 STREET ADDRESS 6827 W. COMMERCIAL BLVD
1.4 CITY-ST-ZIP TAMARAC, FL 33319
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE TD
3.2 NAME ALLAN SERENAY
3.3 STREET ADDRESS 6300 NW 33 AVE STE 117
3.4 CITY-ST-ZIP FT LAUDERDALE, FL 33309
☒ Change ☐ Addition

4.1 TITLE Secretary
4.2 NAME JUDI FRYER
4.3 STREET ADDRESS 6827 W Commercial Blvd
4.4 CITY-ST-ZIP Tamarac Fl 33319
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Robert N. Fryer Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 (954) 722-4874
Date Daytime Phone #

CR2E037 (11/98)