

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N29954 (7)
1. Corporation Name

AUSTRALIAN-AMERICAN CHAMBER OF COMMERCE OF FLORIDA, INC.



Principal Place of Business: 1850 LEE RD. SUITE 300 WINTER PARK FL 32789
Mailing Address: 1850 LEE RD. SUITE 300 WINTER PARK FL 32789

3. Date Incorporated or Qualified: 12/29/1988
3a. Date of Last Report: 01/27/1995
4. FEI Number: 59-2948014
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
BESHARA, EDWARD CHARLES
1850 LEE ROAD
SUITE 300
WINTER PARK FL 32789

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BESHARA, EDWARD C	
STREET ADDRESS	1850 LEE RD., #300	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BENNETT, LEE	
STREET ADDRESS	201 E. PINE ST., #500	
CITY-ST-ZIP	ORLANDO FL 32801-3309	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CHASTANG, LAWRENCE J	
STREET ADDRESS	1400 W. FAIRBANKS AVE., #102	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	900001731589	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	-03/04/96--01126--015	
1.3 STREET ADDRESS	***61.25	
1.4 CITY-ST-ZIP		
2.1 TITLE	First Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	Please note the corrected Zip Code	
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Second Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	McDonald, Wayne	
4.3 STREET ADDRESS	101 Durham Place	
4.4 CITY-ST-ZIP	Longwood, FL 32779	
5.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Goetz, Rae Milne	
5.3 STREET ADDRESS	1407 Arthur Avenue	
5.4 CITY-ST-ZIP	Orlando, FL	
6.1 TITLE	Dir. of Int'l Procurement	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Simek, George	
6.3 STREET ADDRESS	5600 Sandlake Rd., MP-71	
6.4 CITY-ST-ZIP	Orlando, FL 32819	

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 17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lawrence J. Chastang* 1/26/96 629-1944
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
563-4-96

CR2E037 (12/95)