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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30481

1. Corporation Name
CHAMBER OF COMMERCE OF CAPE CORAL, INC.

Principal Place of Business 2051 CAPE CORAL PKWY. P.O. BOX 747 CAPE CORAL FL 33904 US	Mailing Address 2051 CAPE CORAL PKWY. P.O. BOX 747 CAPE CORAL FL 33910 US
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2. Principal Place of Business 21 2051 Cape Coral Pkwy Suite, Apt. #, etc. 22 City & State 23 Cape Coral, FL. Zip Country 24 33904 25 US	2a. Mailing Address 26 P.O. Box 747 Suite, Apt. #, etc. 27 City & State - 28 Cape Coral, FL. Zip Country 29 33910 30 US	3. Date Incorporated or Qualified 02/02/1989	4. FEI Number 65-0120687 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent QUAINTANCE, MICHAEL D 2051 CAPE CORAL PKWY CAPE CORAL FL 33904	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
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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 use if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC NAME HAGG, MAUREEN E STREET ADDRESS 4821 CORANADO PKWY CITY-ST-ZIP CAPE CORAL FL 33904	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D. HAGG, MAUREEN E 4821 CORONADO PKWY. CAPE CORAL, FL. 33904
TITLE DT NAME HAGG, MAUREEN E STREET ADDRESS 4821 CORANADO PKWY CITY-ST-ZIP CAPE CORAL FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SHIPP, TOM STREET ADDRESS 4223 DEL PRADO BLVD CITY-ST-ZIP CAPE CORAL FL 33904	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D. CHRISTOPHER SPIRO 6296 CORPORADO CT. Ste B202 CAPE CORAL, FL 33919
TITLE D NAME WUNDERLICH, RICHARD STREET ADDRESS 4049 DEL PARADO BLVD., S CITY-ST-ZIP CAPE CORAL FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PORTMYERS, DR WUNDERLICH, RICHARD 4049 DEL PRADO BLVD S CAPE CORAL, FL. 33904
TITLE DC NAME TATE, GLORIA STREET ADDRESS 4812 CAPE CORAL STREET CITY-ST-ZIP CAPE CORAL FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D. GARY AUBUCHON 4724-A VINCEENS BLD CAPE CORAL, FL. 33904
TITLE D NAME QUAINTANCE, MICHAEL STREET ADDRESS 4314 SW 3RD AVE CITY-ST-ZIP CAPE CORAL FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: M. G. SPIRO, President 1/19/1999 (941) 549-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(1/1998)