SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Aug 10, 1999 8:00 am
Secretary of State
08-10-1999 90011 021 ****61.25

DOCUMENT # N31121

1. Corporation Name

FLORIDA CENTER CHAMBER OF COMMERCE INCORPORATED

Principal Place of Business	Mailing Address
6700 FORUM DRIVE SUITE 100 ORLANDO FL 32821-8087 US	6700 FORUM DRIVE SUITE 100 ORLANDO FL 32821-8087 US

2. Principal Place of Business 21 6250 Parc Corniche Dr. Suite, Apt. #, etc. 22 Orlando, FL 32821 City & State 23 Orlando, FL 32821 Zip 24 32821 Country 25 USA	2a. Mailing Address 26 6250 Parc Corniche Dr. Suite, Apt. #, etc. 27 City & State 28 Orlando, FL Zip 29 32821 Country 30 USA	3. Date Incorporated or Qualified 03/10/1989 4. FEI Number 59-2945812 ☒ Applied For ☐ Not Applicable 5. Certifcate 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	10. Name and Address of New Registered Agent
HUNTER, MARTIN P. 7050 KIRKMAN ROAD ORLANDO FL 32819	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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KEARNEY, CLAY		1.2 NAME	
STREET ADDRESS	5850 LAREHURST DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, MARQUITA		2.2 NAME	
STREET ADDRESS	1100 ORANGE AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GARRISON, DEB		3.2 NAME	
STREET ADDRESS	6165 CARRIER DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MCPHERSON, BETTY		4.2 NAME	
STREET ADDRESS	220 STORY ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FRIEND, KAREN		5.2 NAME	
STREET ADDRESS	13500 ST. ROAD 535		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GULASA, RON		6.2 NAME	
STREET ADDRESS	8738 INTERNATIONAL DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP	

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: Maria Triseni SIGNATURE REQUIRED MARIA TRISEANI 6/9/99 407-238-9162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)