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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 # N31337

1. Corporation Name

MIAMI SPRINGS/AIRPORT AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

166 HIALEAH DR
HIALEAH FL 33010
US

P O BOX 660150
MIAMI SPRINGS FL 33266
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

3. Date Incorporated or Qualified

03/07/1989

4. FEI Number

65-0131977

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

HOLDEN, FRANK
166 HIALEAH DR
HIALEAH FL 33010

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **P**
NAME **MEZYK, ROBERT**
STREET ADDRESS **297 POCATELLA ST.**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE **VP**
NAME **BOWEIN, SHERRYL B**
STREET ADDRESS **288 POCATELLA ST.**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE **T**
NAME **THOMPSON, POLLY**
STREET ADDRESS **560 NIGHTENGALE AVE.**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE **S**
NAME **OBBERMANN, TERESITA**
STREET ADDRESS **481 MORNINGSIDE**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE **D**
NAME **ROSSON, TAPPY**
STREET ADDRESS **190 WESTWARD DR.**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE **D**
NAME **BARTOLONE, ALDO**
STREET ADDRESS **1110 REDBIRD AVE.**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **MEZYK, ROBERT**
1.3 STREET ADDRESS **297 POCATELLA ST**
1.4 CITY-ST-ZIP **MIAMI SPRINGS, FLORIDA 33166**

2.1 TITLE **P** ☐ Change ☐ Addition
2.2 NAME **BOWEIN, SHERRYL B.**
2.3 STREET ADDRESS **288 POCATELLA ST**
2.4 CITY-ST-ZIP **MIAMI SPRINGS, FL. 33166**

3.1 TITLE **T** ☐ Change ☐ Addition
3.2 NAME **THOMPSON, POLLY**
3.3 STREET ADDRESS **560 NIGHTENGALE AVE**
3.4 CITY-ST-ZIP **MIAMI SPRINGS, FL 33166**

4.1 TITLE **S** ☒ Change ☐ Addition
4.2 NAME **CYNTHIA PAUL**
4.3 STREET ADDRESS **265 LUDLAM DR**
4.4 CITY-ST-ZIP **MIAMI SPRINGS, FL. 33166**

5.1 TITLE **D** ☐ Change ☐ Addition
5.2 NAME **ROSSON, TAPPY**
5.3 STREET ADDRESS **190 WESTWARD DRIVE**
5.4 CITY-ST-ZIP **MIAMI SPRINGS, FLORIDA 33166**

6.1 TITLE **D** ☐ Change ☐ Addition
6.2 NAME **BARTOLONE, ALDO**
6.3 STREET ADDRESS **1110 REDBIRD AVE**
6.4 CITY-ST-ZIP **MIAMI SPRINGS, FL 33166**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(a), 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:

SHERRYL B. BOWEIN, PRESIDENT

2/2/99

305-883-0883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)