


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jun 30, 1999 8:00 am**  
**Secretary of State**

06-30-1999 90007 006 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N40751</b>					
1. Corporation Name <b>DEERFIELD BEACH CHAMBER OF COMMERCE</b>					
Principal Place of Business <b>KAREN PARAMORE</b> <b>1601 E HILLSBORO BLVD.</b> <b>DEERFIELD BCH. FL 33441</b> <b>US</b>			Mailing Address <b>KAREN PARAMORE</b> <b>1601 E HILLSBORO BLVD.</b> <b>DEERFIELD BCH. FL 33441</b> <b>US</b>		



2. Principal Place of Business 21 <b>Deerfield Beach Chamber of Commerce</b> Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>10/10/1990</b>	
22 City & State		27 City & State		4. FEI Number <b>59-0691318</b>	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip Country		29 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>PARAMORE, KAREN</b> <b>1601 E HILLSBORO BLVD.</b> <b>DEERFIELD BCH. FL 33441</b>				10. Name and Address of New Registered Agent 81 Name <b>Janyle Becker</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 *Janyle Becker* DATE **6/24/99**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DVC	<input type="checkbox"/> DELETE		1.1 TITLE	DVC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, JIM			1.2 NAME	Gil Pierson		
STREET ADDRESS	2501 S FEDERAL HWY			1.3 STREET ADDRESS	1428 SE 4th Avenue		
CITY-ST-ZIP	DELRAY BEACH FL 33483			1.4 CITY-ST-ZIP	Deerfield Beach, FL 33441		
TITLE	VCD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DVC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARNEY, DON			2.2 NAME	SCOTT ISABELLA		
STREET ADDRESS	1807 W HILLSBORO BLVD			2.3 STREET ADDRESS	1300 E Hillsboro Blvd		
CITY-ST-ZIP	DEERFIELD BCH. FL 33442			2.4 CITY-ST-ZIP	Deerfield Beach, FL 33441		
TITLE	DPC	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DVC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRANIGAN, MICHAEL			3.2 NAME	LYNN KASSAB		
STREET ADDRESS	6451 N FED HWY RM 1113			3.3 STREET ADDRESS	ONE STAINLESS PLAZA		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308			3.4 CITY-ST-ZIP	Deerfield Beach, FL 33441		
TITLE	DVC	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHERMAN, STEPHEN D			4.2 NAME	Polly Wilkie		
STREET ADDRESS	10 FAIRWAY DRIVE STE 101			4.3 STREET ADDRESS	2255 Federal Highway		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441			4.4 CITY-ST-ZIP	Deerfield Beach, FL 33441		
TITLE	DC	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARAMORE, KAREN			5.2 NAME			
STREET ADDRESS	10 FAIRWAY DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33441			5.4 CITY-ST-ZIP			
TITLE	DVC	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WELLBERY, BILL C			6.2 NAME			
STREET ADDRESS	665 SE 10TH ST STE 100			6.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BCH FL 33441			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 empowerment.

SIGNATURE: *SG [Signature]* DATE **6-25-99** DAYTIME PHONE # **954 480 9869**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)