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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 # N44691
 1. Corporation Name
THE GREATER HOMESTEAD/FLORIDA CITY CHAMBER OF COMMERCE CHARITABLE TRUST, INC.

3 7 373121 90049-48

Principal Place of Business 43 N. KROME AVE 2ND FLOOR HOMESTEAD FL 33030 US	Mailing Address 43 N. KROME AVE 2ND FLOOR HOMESTEAD FL 33030 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 08/15/1991	4. FEI Number 65-0339130 Applied For Not Applicable
24		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

9. Name and Address of Current Registered Agent
SOVA, KIM
43 N. KROME, 2ND FLOOR
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent
 81 Name **David Peyton**
 82 Street Address (P.O. Box Number is Not Acceptable)
1550 N Krome Avenue
 83
 84 City **Homestead** FL 85 Zip Code **33030**

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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 *David A. Taylor* DATE **3/19/99**

72. OFFICERS AND DIRECTORS		73. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCEO	NAME SOVA, KIM	1.1 TITLE PCEO D	NAME Peyton, David
STREET ADDRESS 43 N KROME AVENUE	CITY-ST-ZIP HOMESTEAD FL	1.3 STREET ADDRESS 1550 N Krome Avenue	1.4 CITY-ST-ZIP Homestead, FL
TITLE D	NAME SHIVER, STEVE	2.1 TITLE D	NAME Roveed, Julie
STREET ADDRESS 10 NE 3 STREET	CITY-ST-ZIP FLORIDA CITY FL	2.3 STREET ADDRESS 26140 S Dixie Highway	2.4 CITY-ST-ZIP Naranja FL
TITLE D	NAME PEYTON, DAVID	3.1 TITLE D	NAME Wells, Tom
STREET ADDRESS 1550 N KROME AVENUE	CITY-ST-ZIP HOMESTEAD FL	3.3 STREET ADDRESS 65 NW 16 Street	3.4 CITY-ST-ZIP Homestead FL
TITLE D	NAME MCMILLAN, JANE	4.1 TITLE D	NAME Porter, Malene
STREET ADDRESS 201 S BISCAYNE BLVD	CITY-ST-ZIP MIAMI FL	4.3 STREET ADDRESS 28801 SW 157 Avenue	4.4 CITY-ST-ZIP Homestead FL
TITLE D	NAME	5.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE D	NAME	6.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	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)(b), 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: *David A. Taylor* SIGNATURE REQUIRED **1/11/99** **305/242-8608**

CR2E037 (1/98)