


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90224 026 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N46141</b>					
<b>1. Corporation Name</b> <b>POMPANO BEACH/METROPOLITAN CHAMBER OF COMMERCE, INC.</b>					
<b>Principal Place of Business</b> 3001 N.W. 8TH ST. POMPANO BEACH FL 33069 US			<b>Mailing Address</b> 3001 NW 8TH ST POMPANO BEACH FL 33069 US		

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<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		<b>3. Date Incorporated or Qualified</b> 11/21/1991	
<b>4. FEI Number</b> 65-0328367		<b>Applied For</b> <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>7. Trust Fund Contribution</b>			
<b>9. Name and Address of Current Registered Agent</b> EDDY, JAMES R., P.A. 2401 E. ATLANTIC BLVD. POMPANO BEACH FL 33069			<b>10. Name and Address of New Registered Agent</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DOROTHY	1.2 NAME	
STREET ADDRESS	2114 NW 5TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, KENNY	2.2 NAME	
STREET ADDRESS	3601 W COMMERCIAL BLVD STE 35	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 32309	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYSON, CATHY	3.2 NAME	
STREET ADDRESS	2400 E OAKLAND PARK BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, ROBERT	4.2 NAME	
STREET ADDRESS	600 S E 3RD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, HOWIE	5.2 NAME	
STREET ADDRESS	501 FAIRWAY DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, EVELYN	6.2 NAME	
STREET ADDRESS	3001 NW 8TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	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 19.07(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:**

*Dorothy Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/26/99*  
Date

*954 977-4624*  
Daytime Phone

CR2E037 (11/98)