FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48932 (0)

1. Corporation Name
BRITISH FLORIDA CHAMBER OF COMMERCE/BROWARD CHAPTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
15007 SW 10 ST SUNRISE FL 33326 US	15007 SW 10 ST SUNRISE FL 33326 US

3. Date Incorporated or Qualified: 05/14/1992
3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0371080 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

TOWNER, MICHAEL D.
1995 E. OAKLAND PARK BLVD STE 330
FT. LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name: DAVID A.C. OLDFIELD
82 Street Address (P.O. Box Number is Not Acceptable): c/o Equitable Bank
83: 612 S.E. 5th Avenue
84 City: Ft. Lauderdale FL 85 Zip Code: 33301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE David Oldfield, Vice President 4/25/95
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	D	1.1 TITLE	D	☐ Change ☒ Addition
NAME	ALDOUS, DAVID	1.2 NAME	MAPLESDEN, JOHN	
STREET ADDRESS	3400 MCINTOSH RD	1.3 STREET ADDRESS	1322 E. Commercial Blvd.	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33324	
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	SHERWIN, LINDA	2.2 NAME		
STREET ADDRESS	2550 N. FEDERAL HWY STE 3	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP		
TITLE	VPD	3.1 TITLE	P/D	☒ Change ☐ Addition
NAME	WORTHINGTON, ALEXANDER	3.2 NAME	WORTHINGTON, ALEXANDER	
STREET ADDRESS	2550 N. FEDERAL HWY STE 3	3.3 STREET ADDRESS	2550 N. Federal Hwy. Ste. 3	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33305	
TITLE	VPD	4.1 TITLE	D	☐ Change ☒ Addition
NAME	KEISER, JUDITH	4.2 NAME	BENNETT, DEREK	
STREET ADDRESS	100 NE 3RD AVENUE, STE. 1100	4.3 STREET ADDRESS	12762 W. Dixie Hwy.	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	N. Miami, FL 33161	
TITLE	PD	5.1 TITLE	D	☐ Change ☒ Addition
NAME	WOWNER, MICHAEL D	5.2 NAME	WAGNER, CHRISTOPHER	
STREET ADDRESS	1995 E OAKLAND PARK BLVD STE 330	5.3 STREET ADDRESS	100 N. Biscayne Blvd. #1315	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	Miami, FL 33132	
TITLE	TD	6.1 TITLE	V/T/D/	☒ Change ☐ Addition
NAME	COX, WENDY	6.2 NAME	OLDFIELD, DAVID A.C.	
STREET ADDRESS	901 SW 4TH AVE A-2	6.3 STREET ADDRESS	612 S.E. 5th Avenue	
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE David Oldfield DAVID OLDFIELD, VICE PRESIDENT 4/25/95 (305) 763-5983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010690