

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N48932 (0)

1. Corporation Name

BRITISH AMERICAN CHAMBER OF COMMERCE OF GREATER FORT LAUDERDALE, INC.



Principal Place of Business

Mailing Address

2550 N FED HWY  
STE 13  
FT LAUDERDALE FL 33305  
US

2550 N FED HWY  
STE 13  
FT LADUERDAL FL 33305-1621  
US

3. Date Incorporated or Qualified  
05/14/1992

3a. Date of Last Report  
03/20/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0371080

Applied For  
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLDFIELD, DAVID A C  
C/O EQUITABLE BANK  
612 SE 5TH AVENUE  
FT. LAUDERDALE FL 33301

81 Name Jane C. Rankin

82 Street Address (P.O. Box Number is Not Acceptable)  
1 E. Broward Blvd.

83 Suite 1600

84 City Ft. Lauderdale

FL 85 Zip Code 33301

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

3/5/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME MCDANIEL  
STREET ADDRESS 6100 GLADES RD  
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE TD  Change  Addition  
1.2 NAME RANKIN, JANE  
1.3 STREET ADDRESS 1 E. Broward Blvd. #1600  
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE SD  DELETE  
NAME SHERWIN, LINDA  
STREET ADDRESS 2550 N. FEDERAL HWY STE 3  
CITY-ST-ZIP FT LAUDERDALE FL

2.1 TITLE SD  Change  Addition  
2.2 NAME BEACH, ANNA  
2.3 STREET ADDRESS 2550 N. Federal Hwy  
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE C  DELETE  
NAME WORTHINGTON, ALEXANDER  
STREET ADDRESS 2550 N. FEDERAL HWY STE 3  
CITY-ST-ZIP FT LAUDERDALE FL

3.1 TITLE D  Change  Addition  
3.2 NAME SHERWIN, LINDA  
3.3 STREET ADDRESS 2550 N. Federal Hwy.  
3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE PD  DELETE  
NAME BENNETT, DEREK  
STREET ADDRESS 12762 W DIXIE HWY  
CITY-ST-ZIP N MIAMI FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME WAGNER, CHRISTOPHER  
STREET ADDRESS 100 N BISCAYNE BLVD, #1315  
CITY-ST-ZIP MIAMI FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VTD  DELETE  
NAME OLDFIELD, DAVID AC  
STREET ADDRESS 612 SE 5TH AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL

6.1 TITLE PD  Change  Addition  
6.2 NAME OLDFIELD, DAVID AC  
6.3 STREET ADDRESS 633 S. Federal Hwy.  
6.4 CITY-ST-ZIP Ft. Lauderdale FL 33301

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97

Daytime Phone # 0035696

CR2E037 (9/96)