

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002299 (5)**

1. Corporation Name

CHRISTIAN CHAMBER OF COMMERCE INTERNATIONAL, INC



Principal Place of Business 505 N.W. 65 COURT SUITE 101 FT LAUDERDALE FL 33309	Mailing Address 505 N.W. 65 COURT SUITE 101 FT LAUDERDALE FL 33309
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3. Date Incorporated or Qualified 05/09/1994	4. FEI Number 65-0595495	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 2101 W. CYPRESS CREEK RD SUITE 1200 FT. LAUDERDALE, FL 33309	2a. Mailing Address 2101 W. CYPRESS CREEK RD SUITE 1200 FT. LAUDERDALE, FL 33309
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DAVELL, WILLIAM C ESQ MAY, MEACHAM & DAVELL, P.A. ONE FINANCIAL PLAZA, STE 2602 FT LAUDERDALE FL 33394
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCONNELL, M C		1.2 NAME	
STREET ADDRESS 8754 SW 51ST ST		1.3 STREET ADDRESS	
CITY-ST-ZIP COOPER CITY FL 33328		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KELLEY, STEVE		2.2 NAME	
STREET ADDRESS 2314 NE 12TH CT		2.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HREBIK, KEVIN		3.2 NAME	
STREET ADDRESS 17300 N.W. 68 AVE		3.3 STREET ADDRESS 1324 AVON LANE, SUITE 11-31	
CITY-ST-ZIP MIAMI FL 33015		3.4 CITY-ST-ZIP N. LAUDERDALE, FL 33068	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONIGLIO, JOHN A		4.2 NAME	
STREET ADDRESS 2131 HOLLYWOOD BLVD 307-A		4.3 STREET ADDRESS 2131 HOLLYWOOD BLVD. SUITE 302	
CITY-ST-ZIP HOLLYWOOD FL 33020		4.4 CITY-ST-ZIP	
TITLE PD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVELL, WILLIAM C		5.2 NAME TOM SCOTT	
STREET ADDRESS ONE FINANCIAL PLAZA STE 2602		5.3 STREET ADDRESS 2101 W. CYPRESS CREEK ROAD	
CITY-ST-ZIP FT LAUDERDALE FL		5.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33309	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: JOHN A. CONIGLIO, TREASURER 3/1/98 954-920-8090

CR2E037 (10/97)