


FILE NOW: FILING FEE IS \$61.25

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90022 029 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000002299					
1. Corporation Name CHRISTIAN CHAMBER OF COMMERCE INTERNATIONAL, INC - SEE ATTACHED NAME CHANGED TO: AMERICAN CHAMBER of CHRISTIANS IN BUSINESS, INC.					
Principal Place of Business 2101 W CYPRESS CREEK RD SUITE 1200 FT LAUDERDALE FL 33309 US			Mailing Address 2101 W CYPRESS CREEK RD SUITE 1200 FT LAUDERDALE FL 33309 US		



2. Principal Place of Business 21 3300 SE 6 th Avenue Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. Box 480 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 05/09/1994	
City & State 23 FORT LAUDERDALE, FL Zip Country 24 33316 25 US		City & State 28 FORT LAUDERDALE, FL Zip Country 29 33302 30 US		4. FEI Number 65-0595495 Applied For Not Applicable	
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 DAVELL, WILLIAM C ESQ MAY, MEACHAM & DAVELL, P.A. ONE FINANCIAL PLAZA, STE 2602 FT. LAUDERDALE FL 33394				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MCCONNELL, M C				
STREET ADDRESS	8754 SW 51ST ST				
CITY-ST-ZIP	COOPER CITY FL 33328				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	KELLEY, STEVE				
STREET ADDRESS	2314 NE 12TH CT				
CITY-ST-ZIP	FT LAUDERDALE FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	HREBIK, KEVIN				
STREET ADDRESS	1324 AVON LN SUITE 1131				
CITY-ST-ZIP	N LAUDERDALE FL 33068				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	CONIGLIO, JOHN A				
STREET ADDRESS	2131 HOLLYWOOD BLVD SUITE 302				
CITY-ST-ZIP	HOLLYWOOD FL 33020				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	SCOTT, TOM				
STREET ADDRESS	2101 W CYPRESS CREEK RD				
CITY-ST-ZIP	FT LAUDERDALE FL 33309				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS	2269 SOUTH UNIVERSITY DRIVE, #330				
1.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33324				
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
3.2 NAME	P/O RICHARD UNGERBUHLER SR.				
3.3 STREET ADDRESS	3300 SE 6 th AVENUE				
3.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33316				
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME	S/O				
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
5.2 NAME	T/O THOMAS MEENA				
5.3 STREET ADDRESS	100 NE THIRD AVENUE, STE 600				
5.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33301				
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
6.2 NAME	V/O MICHAEL RISUCCI				
6.3 STREET ADDRESS	3100 NORTH UNIVERSITY DRIVE				
6.4 CITY-ST-ZIP	SUNRISE FL 33351				

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, with all other like empowered.

SIGNATURE: THOMAS MEENA 4/30/99 954-462-6300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)