

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002779

1. Corporation Name

**ASSOCIATION OF THE US 441 BUSINESS COMMUNITY, IN
C.**

Principal Place of Business

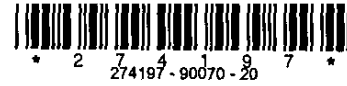
**820 S. STATE ROAD 7
PLANTATION FL 33317**

Mailing Address

**820 S. STATE ROAD 7
PLANTATION FL 33317**

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90008 023 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/06/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0612321	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip		Zip		8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country		Country			

9. Name and Address of Current Registered Agent

**ROSEN, ART
820 S. STATE ROAD 7
PLANTATION FL 33317**

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 FL

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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D ☒ DELETE BROWN, SYDNEY 1880 N.W. 24TH TERRACE FT. LAUDERDALE FL 33311		1.1 TITLE	☐ Change ☐ Addition
D ☐ DELETE ALLISON, RICHARD 830 S. STATE ROAD 7 PLANTATION FL 33317		1.2 NAME	
D ☐ DELETE ROSEN, ART 820 S. STATE ROAD 7 PLANTATION FL 33317		1.3 STREET ADDRESS	
D ☐ DELETE ACKERMAN, HELGIN 5921 ALMOND TERR PLANTATION FL 33317		1.4 CITY-ST-ZIP	
D ☐ DELETE (Empty row)		2.1 TITLE	☐ Change ☐ Addition
D ☐ DELETE (Empty row)		2.2 NAME	
D ☐ DELETE (Empty row)		2.3 STREET ADDRESS	
D ☐ DELETE (Empty row)		2.4 CITY-ST-ZIP	
D ☐ DELETE (Empty row)		3.1 TITLE	☐ Change ☐ Addition
D ☐ DELETE (Empty row)		3.2 NAME	
D ☐ DELETE (Empty row)		3.3 STREET ADDRESS	
D ☐ DELETE (Empty row)		3.4 CITY-ST-ZIP	
D ☐ DELETE (Empty row)		4.1 TITLE	☐ Change ☐ Addition
D ☐ DELETE (Empty row)		4.2 NAME	
D ☐ DELETE (Empty row)		4.3 STREET ADDRESS	
D ☐ DELETE (Empty row)		4.4 CITY-ST-ZIP	
D ☐ DELETE (Empty row)		5.1 TITLE	☐ Change ☐ Addition
D ☐ DELETE (Empty row)		5.2 NAME	
D ☐ DELETE (Empty row)		5.3 STREET ADDRESS	
D ☐ DELETE (Empty row)		5.4 CITY-ST-ZIP	
D ☐ DELETE (Empty row)		6.1 TITLE	☐ Change ☐ Addition
D ☐ DELETE (Empty row)		6.2 NAME	
D ☐ DELETE (Empty row)		6.3 STREET ADDRESS	
D ☐ DELETE (Empty row)		6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 4/1999 *254/521-3200*

Date

Daytime Phone #

CR2E037 (1/198)