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Aug 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N95000004190 (3)

1. Corporation Name
OLD CUTLER JUNIOR CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
20758 SW 84 AVE. MIAMI FL 33189	20758 SW 84 AVE MIAMI FL 33189

3. Date Incorporated or Qualified: 09/01/1995

4. FEI Number: APPLIED FOR 65-0496857 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

2a. Mailing Address
26 PO Box 972604
Suite, Apt. #, etc.
27 #
City & State
28 Miami FL
Zip 29 33157 Country 30

9. Name and Address of Current Registered Agent

FIESELMAN, DANIEL T
20758 SW 84 AVE.
MIAMI FL 33189

10. Name and Address of New Registered Agent

81 Name: Jennifer G Kidd
82 Street Address (P.O. Box Number is Not Acceptable): 26035 SW 130 PL. PRINCETON
83 PRINCETON, FL 33032
84 City: FL 85 Zip Code

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: Jennifer G Kidd, President 5/7/98
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	PD	☑ DELETE	1.1 TITLE	D PRES.	☑ Change ☐ Addition
NAME	FIESELMAN, DANIEL T		1.2 NAME	JENNIFER G KIDD	
STREET ADDRESS	10579 SW 216 ST APT G		1.3 STREET ADDRESS	26035 SW 130 PL	
CITY-ST-ZIP	MIAMI FL 33190		1.4 CITY-ST-ZIP	PRINCETON, FL 33032	
TITLE	MVPD	☑ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	RUPERTO, SYLVIA S		2.2 NAME	COUP TAMMY PEREZ	
STREET ADDRESS	14032 SW 149 LANE		2.3 STREET ADDRESS	845 W 72 nd St.	
CITY-ST-ZIP	MIAMI FL 33186		2.4 CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE	MVPD	☑ DELETE	3.1 TITLE	D MVP	☑ Change ☐ Addition
NAME	COBB, DENISE L		3.2 NAME	Marcela F. VanHook	
STREET ADDRESS	15902 SW 95 AVE.		3.3 STREET ADDRESS	4190 W 10TH COURT	
CITY-ST-ZIP	MIAMI FL 33157		3.4 CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	TD	☑ DELETE	4.1 TITLE	D MVPD	☑ Change ☐ Addition
NAME	KESSELL, DIANE L		4.2 NAME	Nancy Jeter	
STREET ADDRESS	9820 SANTOS DR		4.3 STREET ADDRESS	15550 SW 107 ct	
CITY-ST-ZIP	MIAMI FL 33189		4.4 CITY-ST-ZIP	MIAMI FL 33157	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.