


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 15 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 # **N96000003497 (2)**

1. Corporation Name

**THE CITIES OF OAKLAND PARK/WILTON MANORS CHAMBER
OF COMMERCE, INC.**



Principal Place of Business	Mailing Address
4861 N. DIXIE HIGHWAY SUITE 200B OAKLAND PARK FL 33334	4861 N. DIXIE HIGHWAY SUITE 200B OAKLAND PARK FL 33334

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

65-0683826

☒ Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address **24861 N. DIXIE HWY**

21. ~~4861 N. DIXIE HIGHWAY~~
Suite, Apt. #, etc.

26. ~~4861 N. DIXIE HIGHWAY~~
Suite, Apt. #, etc.

22. ~~4861 N. DIXIE HIGHWAY~~

27. **200B**

23. City & State

28. City & State **Oakland Park, FL**

24. ~~33334~~

Country

29. **33334**

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRONCHIK, KENNETH C
2734 E. OAKLAND PARK BLVD.
SUITE 200
FT. LAUDERDALE FL**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AMOS, LINDA	
STREET ADDRESS	2745 W. CYPRESS CREEK ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MENDEL, ALAN	
STREET ADDRESS	2509 N. ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	KAUFMAN, OWEN	
STREET ADDRESS	4861 N. DIXIE HIGHWAY	
CITY-ST-ZIP	OAKLAND PARK FL 33334	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MENDEL, ALAN	
1.3 STREET ADDRESS	2509 N. ANDREWS Ave	
1.4 CITY-ST-ZIP	FT. Lauderdale, FL 33311	

2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lorene Hughes Parker	
2.3 STREET ADDRESS	4295 N. Andrews Ave	
2.4 CITY-ST-ZIP	FT. Lauderdale, FL 33309	

3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kaufman Owen	
3.3 STREET ADDRESS	4861 N. Dixie Hwy 200B	
3.4 CITY-ST-ZIP	Oakland Park FL 33334	

4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WOLFSON, DARLENE	
4.3 STREET ADDRESS	4861 N. Dixie Hwy #200A	
4.4 CITY-ST-ZIP	Oakland Park, FL 33334	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

SIGNATURE REQUIRED

1/2/98

954-489-0370

CR2037 (10/97)