


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jun 28, 1999 8:00 am**  
**Secretary of State**

06-28-1999 90003 048 \*\*\*\*61.25

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|---|--|---|--|--|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>   |  |  |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # N96000003497</b>  |  |   |  |  |  |
| 1. Corporation Name<br><b>THE CITIES OF OAKLAND PARK/WILTON MANORS CHAMBER OF COMMERCE, INC.</b>  |  |   |  |  |  |
| Principal Place of Business<br>4861 N. DIXIE HIGHWAY<br>SUITE 200B<br>OAKLAND PARK FL 33334   |  |   | Mailing Address<br>4861 N. DIXIE HIGHWAY<br>SUITE 200B<br>OAKLAND PARK FL 33334                  |  |  |
| 2. Principal Place of Business  |  | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified  |  |
| 21  |  | 26  |  | 07/01/1996   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  | 4. FEI Number  |  |
| 22  |  | 27  |  | 65-0683826   |  |
| City & State  |  | City & State  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                 |  |
| 23  |  | 28  |  | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees                      |  |
| Zip   |  | Zip   |  | Country  |  |
| 24  |  | 29  |  | 30   |  |
| 9. Name and Address of Current Registered Agent   |  |   | 10. Name and Address of New Registered Agent   |  |  |
| BRONCHIK, KENNETH C<br>2734 E. OAKLAND PARK BLVD.<br>SUITE 200<br>FT. LAUDERDALE FL   |  |   | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 register 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<br>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  |  |   |  |  |  |
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> A  |  |   |  |  |  |
| 1.2 NAME  |  |   |  |  |  |
| 1.3 STREET ADDRESS  |  |   |  |  |  |
| 1.4 CITY-ST-ZIP   |  |   |  |  |  |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> A  |  |   |  |  |  |
| 2.2 NAME  |  |   |  |  |  |
| 2.3 STREET ADDRESS  |  |   |  |  |  |
| 2.4 CITY-ST-ZIP   |  |   |  |  |  |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> A  |  |   |  |  |  |
| 3.2 NAME  |  |   |  |  |  |
| 3.3 STREET ADDRESS  |  |   |  |  |  |
| 3.4 CITY-ST-ZIP   |  |   |  |  |  |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> A  |  |   |  |  |  |
| 4.2 NAME  |  |   |  |  |  |
| 4.3 STREET ADDRESS  |  |   |  |  |  |
| 4.4 CITY-ST-ZIP   |  |   |  |  |  |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> A  |  |   |  |  |  |
| 5.2 NAME  |  |   |  |  |  |
| 5.3 STREET ADDRESS  |  |   |  |  |  |
| 5.4 CITY-ST-ZIP   |  |   |  |  |  |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> A  |  |   |  |  |  |
| 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, with all other like empowered.

SIGNATURE: Don [Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/23/99