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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003966

1. Corporation Name
NORTH MIAMI BEACH CHAMBER OF COMMERCE, INC.

Principal Place of Business 41 NE 167TH ST N MIAMI BEACH FL 33162	Mailing Address 41 NE 167TH ST N MIAMI BEACH FL 33162
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/07/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0794687
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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

MANSDORF, ABRAHAM B
17971 BISCAYNE BLVD #211
AVENTURA FL 33160

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BERGER, WILLIAM B	
STREET ADDRESS	16901 NE 19TH AVE	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	STANIC, LINDA	
STREET ADDRESS	1100 NW 95TH ST	
CITY-ST-ZIP	MIAMI FL-33150	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MANSDORF, ABRAHAM B	
STREET ADDRESS	17971 BISCAYNE BLVD #211	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERKELL, GERALD	
STREET ADDRESS	161 NE 16TH AVE	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLANK, DIANE	
STREET ADDRESS	1550 NE MIAMI GARDENS DR #507	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHERNOFF, JAY	
STREET ADDRESS	1705 NE 123 ST	
CITY-ST-ZIP	N MIAMI FL 33181	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Linda Stanic	
1.3 STREET ADDRESS	1100 NW 95 St.	
1.4 CITY-ST-ZIP	Miami, FL 33150	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Paul Templer	
2.3 STREET ADDRESS	740 NE 182 St.	
2.4 CITY-ST-ZIP	North Miami Beach, FL-33162	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stan Marcus	
4.3 STREET ADDRESS	800 NE 199 St D 205	
4.4 CITY-ST-ZIP	Miami, FL 33179	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Michael Snyder	
5.3 STREET ADDRESS	20803 Bisc Blvd # 200	
5.4 CITY-ST-ZIP	Aventura, FL 33180	
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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **PAUL TEMPLER** Date: **3/4/99** Daytime Phone #: **305 631 200**

CR2E037 (11/98)