

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION, ANNUAL REPORT 1999



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

FILED

99 OCT 29 PM 4:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N98000005336

1. Corporation Name

SOUTHWEST FLORIDA CHAMBER OF COMMERCE, INC.

Principal Place of Business

12421 NORTH FLORIDA AVENUE, STE. C-220B
 TAMPA FL 33612

Mailing Address

12421 NORTH FLORIDA AVENUE, STE. C-220B
 TAMPA FL 33612



21	2. Principal Place of Business	2a. Mailing Address	26	3. Date Incorporated or Qualified	09/08/1998
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4. FEI Number	59-3533645
23	City & State	28	City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	Zip Country	29	Zip Country	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

PAULES, GREGORY
 NORTH TAMPA LAW CENTER
 12421 N. FLA. AVE., STE. B-122
 TAMPA FL 33612

10. Name and Address of New Registered Agent

B1	Name	Ken Hay
B2	Street Address (P.O. Box Number is Not Acceptable)	12421 N Florida Ave
B3		C-220
B4	City	TAMPA
B5	Zip Code	FL 33612

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: *Ken Hay* DATE: 10/26/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Larry Martellaro
STREET ADDRESS		1.3 STREET ADDRESS	12421 N Fla Ave
CITY-ST-ZIP		1.4 CITY-ST-ZIP	TAMPA, FL 33612
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda UMES D	2.2 NAME	SECRETARY
STREET ADDRESS	Director	2.3 STREET ADDRESS	MARK WALTERS
CITY-ST-ZIP	12421 N Fla Ave C-220	2.4 CITY-ST-ZIP	12421 N Florida Ave C-220
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME	Director	3.2 NAME	
STREET ADDRESS	Charles Hay	3.3 STREET ADDRESS	
CITY-ST-ZIP	12421 N Fla Ave C-220	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	4.2 NAME	
STREET ADDRESS	Ken Hay	4.3 STREET ADDRESS	
CITY-ST-ZIP	12421 N Florida Ave C-220	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	ELTS
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	03/04/99 90096
CITY-ST-ZIP		6.4 CITY-ST-ZIP	033

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: *Ken Hay* DATE: 8/18/99 813-935-8361

CR2037 (5/00)

MCC

COMPANIES

DATE: 10/26/99

TO: FLA DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FLA. 32314

ATTN: REINSTATEMENT DIVISION

RE: DOCUMENT #N98000005336
S W FLORIDA CHAMBER OF COMMERCE

03/04/99 2 6/25 90096 033

DIV CORPORATIONS:

I HAVE BEEN INFORMED THIS DATE THAT THE ABOVE MENTIONED NON-PROFIT CORPORATION HAS BEEN DISSOLVED DUE DO BLOCK 11 NOT BEING SIGNED BY THE NEW REGISTERED AGENT.

I WAS TOLD THAT A LETTER WAS SENT TO ME ON 8/27 CONCERNING THIS AND TO DATE I HAVEN'T RECEIVED.

THE CORPORATION FEES HAVE BEEN CASHED, THE FORM IS ATTACHED WITH THE CORRECTION MADE; I WOULD APPRECIATE VERY MUCH YOUR REINSTATING THE ENTITY AND WAIVING THE LATE FEES.

PLEASE ADVISE BY MAIL: 12421 N FLORIDA AVE., SUITE C-220, TAMPA, FLA. 33612.

Kathy
KEN HAY
SW FLA CHAMBER COMMERCE