

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90166 048 ***150.00

DOCUMENT # P02000108675
 1. Entity Name
PARKLAND CHAMBER OF COMMERCE, INC.



Principal Place of Business: **5933 W HILLSBORO #167 POMPANO BEACH, FL 33067 Parkland**
 Mailing Address: **5933 W HILLSBORO #167 POMPANO BEACH, FL 33067 Parkland**

34032500

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country



03162004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
CAROTHERS, SCOTT
6493 NW 78TH PLACE
PARKLAND, FL 33076

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	EISLER, SCOTT	
STREET ADDRESS	6020 NW 96TH DRIVE	
CITY-ST-ZIP	PARKLAND, FL 33076	
TITLE	T	<input type="checkbox"/> Delete
NAME	CAROTHERS, SCOTT	
STREET ADDRESS	6493 NW 78TH PLACE 5933 W. Hillsboro Blvd.	
CITY-ST-ZIP	POMPANO BEACH, FL 33067 Parkland, FL 33067	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HYMAN, MARK	
STREET ADDRESS	6020 NW 96TH DRIVE 5933 W. Hillsboro Blvd.	
CITY-ST-ZIP	PARKLAND, FL 33076 #167	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MIRSKY, JOEL	
STREET ADDRESS	6020 NW 96TH DRIVE 5933 W. Hillsboro Blvd.	
CITY-ST-ZIP	PARKLAND, FL 33076 #167	
TITLE	VD-P	<input type="checkbox"/> Delete
NAME	DWECK, DAVID	
STREET ADDRESS	6020 NW 96TH DRIVE 5933 W. Hillsboro Blvd.	
CITY-ST-ZIP	PARKLAND, FL 33076 #167	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	EPSTEIN, BARRY	
STREET ADDRESS	6020 NW 96TH DRIVE	
CITY-ST-ZIP	PARKLAND, FL 33076	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM KRUSE	
STREET ADDRESS	5933 W. Hillsboro Blvd. #167	
CITY-ST-ZIP	Parkland, FL 33067	
TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MINDI RUDAN	
STREET ADDRESS	5933 W. Hillsboro Blvd. #167	
CITY-ST-ZIP	Parkland, FL 33067	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRK ZWERIN	
STREET ADDRESS	5933 W. Hillsboro Blvd. #167	
CITY-ST-ZIP	Parkland, FL 33067	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACKY BENET	
STREET ADDRESS	5933 W. Hillsboro Blvd. #167	
CITY-ST-ZIP	Parkland, FL 33067	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID GREEKOW	
STREET ADDRESS	5933 W. Hillsboro Blvd. #167	
CITY-ST-ZIP	Parkland, FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID DWECK PRESIDENT 3/16/04 561-368-7987
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #