

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000006959 (7)

1. Corporation Name

SOUTH FLORIDA CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

1200 S. PINE ISLAND ROAD SUITE 400  
PLANTATION FL 33324

1200 S. PINE ISLAND ROAD SUITE 400  
PLANTATION FL 33324-4476

3. Date Incorporated or Qualified  
01/26/1995

3a. Date of Last Report  
03/25/1996

2. Principal Place of Business

2a. Mailing Address

21 2820 HACKNEY RD

26 2820 HACKNEY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 WESTON, FL 33331

27 WESTON, FL

City & State

City & State

23 WESTON, FL

28 WESTON, FL

Zip

Country

Zip

Country

24 33331

25

29 33331

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAAS, EDWARD J

1200 S. PINE ISLAND ROAD SUITE 400  
PLANTATION FL 33324

81 Name

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

2820 HACKNEY RD

83

84

City WESTON

FL

85

Zip Code 33331

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME MAAS, EDWARD J  
STREET ADDRESS 1200 S. PINE ISLAND ROAD SUITE 400  
CITY-ST-ZIP PLANTATION FL 33324

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE President  
1.2 NAME MAAS, EDWARD J.  
1.3 STREET ADDRESS 2820 HACKNEY RD  
1.4 CITY-ST-ZIP WESTON, FL 33331

2.1 TITLE SECRETARY  
2.2 NAME PATRICIA PIERCE  
2.3 STREET ADDRESS 2820 HACKNEY RD  
2.4 CITY-ST-ZIP WESTON, FL 33331

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

0263994

CR2E034 (9/96)