

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



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

DOCUMENT # P98000020992 ✓

1. Corporation Name

U.S. CHAMBER MAPS, INC.

Principal Place of Business

1645 PALM BEACH LAKES BLVD SUITE 1200
WEST PALM BEACH FL 33401

Mailing Address

1645 PALM BEACH LAKES BLVD SUITE 1200
WEST PALM BEACH FL 33401

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90029 021 ***150.00

08-05-1999 90009 043 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1998

4. FEI Number

65-0816667

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.



Yes



No

2. Principal Place of Business

21 4833 OKEECHOBEE BLVD

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

22 SUITE 111E

Suite, Apt. #, etc.

27

City & State

23 WEST PALM BEACH

City & State

28

Zip

24 33417

Country

25 WEST PALM

Zip

29

Country

30

9. Name and Address of Current Registered Agent

HOGUE, DOMENICK R.
1645 PALM BEACH LAKES BLVD SUITE 1200
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

MARK FULTZ

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

4833 OKEECHOBEE BLVD.

83

SUITE 111E

84 City

WEST PALM BEACH

FL

85 Zip Code

33417

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 X [Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

X 7-15-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FULTZ, MARK LEE

STREET ADDRESS 1645 PALM BEACH LAKES BLVD SUITE 1200

CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE D ☐ DELETE

NAME BENVENISTE, LARRY DAVID

STREET ADDRESS 1645 PALM BEACH LAKES BLVD SUITE 1200

CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME FULTZ, MARK

1.3 STREET ADDRESS 4833 OKEECHOBEE BLVD. SUITE 111E

1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME BENVENISTE, LARRY

2.3 STREET ADDRESS 4833 OKEECHOBEE BLVD. SUITE 111E

2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARK L. FULTZ President
X 7-15-99

0071686

CR2E034 (5/99)