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Apr 27, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **656745**

1. Corporation Name
ASPEN ASSOCIATES, INC.



Principal Place of Business Mailing Address
 1230 DOUGLAS AVE. 1230 DOUGLAS AVE.
 SUITE 220 SUITE 220
 LONGWOOD FL 32779 LONGWOOD FL 32779
 US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 805 DOUGLAS AVE	26 805 DOUGLAS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 161	27 SUITE 161
City & State	City & State
23 ALTA MONTE SPRINGS, FL	28 ALTA MONTE SPRINGS, FL
Zip County	Zip County
24 32714 25 SEMINOLE	29 32714 30 SEMINOLE

3. Date Incorporated or Qualified	02/21/1980	
4. FEI Number	59-1977504	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SIEGEL, GARY
292 U.S. HIGHWAY 17-92
FERN PARK FL 32730

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OTTO, RICHARD L	
STREET ADDRESS	1009 SWEETWATER BLVD S	
CITY-ST-ZIP	LONGWOOD, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	OTTO, BARBARA	
STREET ADDRESS	1009 SWEETWATER BLVD S	
CITY-ST-ZIP	LONGWOOD, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1141 SWEET HEATHER LANE
1.4 CITY-ST-ZIP	APOPKA, FL 32712
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1141 SWEET HEATHER LANE
2.4 CITY-ST-ZIP	APOPKA, FL 32712
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 in an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: **4/23/99** Telephone #: **407-7745100**

CR2E034 (11/98)