

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704474 (6)
 1. Corporation Name
GREATER ORLANDO ASSOCIATION OF REALTORS, INC.



Principal Place of Business 621 E. CENTRAL BLVD. P.O. BOX 587 ORLANDO FL 32802		Mailing Address 621 E. CENTRAL BLVD. P.O. BOX 587 ORLANDO FL 32802		3. Date Incorporated or Qualified 08/27/1962
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0859806
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
23. Zip	28. Zip	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Country	29. Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JENNINGS, BELTON E., III 621 E. CENTRAL BLVD. ORLANDO FL 32802				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. State	FL	85. Zip Code	

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: *Belton E. Jennings, III* DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SABETI, MAX			1.2 NAME	HUSKEY, BUDBE		
STREET ADDRESS	4083 N GOLDENROD RD #208			1.3 STREET ADDRESS	2160 W. HWY. 434 #100		
CITY-ST-ZIP	WINTER PARK FL 32792			1.4 CITY-ST-ZIP	LONGWOOD, FL 32779		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ACKER, RON			2.2 NAME	SARA SIEGEL		
STREET ADDRESS	950 N. ORLANDO AVE., #150			2.3 STREET ADDRESS	1031 W. MORSE BLVD. #160		
CITY-ST-ZIP	WINTER PARK FL 32789			2.4 CITY-ST-ZIP	WINTER PARK, FL 32789		
TITLE	PE	<input type="checkbox"/> DELETE		3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RYLANDS, BARBARA			3.2 NAME			
STREET ADDRESS	5946 CURRY FORD RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32822			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CARTHEN, BILL			4.2 NAME	GREG ROKEH		
STREET ADDRESS	2471 ALOMA AVE.			4.3 STREET ADDRESS	4370 ALOMA AVE. #156		
CITY-ST-ZIP	WINTER PARK FL 32792-2519			4.4 CITY-ST-ZIP	WINTER PARK, FL 32792		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VOGT, PETE			5.2 NAME			
STREET ADDRESS	5850 HANSEL AVENUE			5.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32809			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MACLARTY, W. SUE			6.2 NAME	KELLY HILKS		
STREET ADDRESS	704 S HIGHWAY 17-92			6.3 STREET ADDRESS	7347 SAND LAKE ROAD		
CITY-ST-ZIP	LONGWOOD FL 32750			6.4 CITY-ST-ZIP	ORLANDO, FL 32819		

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.

SIGNATURE: *Barbara Rylands* **BARBARA RYLANDS** 4/28/98 407-273-2880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0015806**

CR2E037 (10/97)