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Secretary of State

07-28-1999 90003 016 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 712143 1. Corporation Name COLLEGIATE LIVING ORGANIZATION, INC.					
Principal Place of Business 117 N.W. 15TH STREET GAINESVILLE FL 32603			Mailing Address 117 N.W. 15TH STREET GAINESVILLE FL 32603		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		2b		01/24/1967	
22		27		4. FEI Number	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-0205245	
23		28		Applied For	
City & State		City & State		Not Applicable	
24		29		5. Certificate of Status Desired	
Zip		Zip		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JASINSKI, JOHN F 117 N. W. 15TH STREET GAINESVILLE FL 32603				81 Name			
				Julia C. Duchaste			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				117 N.W. 15th STREET			
				83			
				C			
				84 City			
				GAINESVILLE			
				FL			
				85 Zip Code			
				32603			

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: *Julia C. Duchaste* DATE: 7/11/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	PD
NAME	JASINSKI, JOHN F	1.2 NAME	Julia C. Duchaste
STREET ADDRESS	117 N.W. 15TH STREET	1.3 STREET ADDRESS	117 N.W. 15th STREET
CITY-ST-ZIP	GAINESVILLE FL 32603	1.4 CITY-ST-ZIP	GAINESVILLE, FL 32603
TITLE	D	2.1 TITLE	VP
NAME	HARVEY, ALFRED	2.2 NAME	MIKERATH
STREET ADDRESS	117 N.W. 15TH STREET	2.3 STREET ADDRESS	117 N.W. 15th STREET
CITY-ST-ZIP	GAINESVILLE FL 32603	2.4 CITY-ST-ZIP	GAINESVILLE, FL 32603
TITLE	D	3.1 TITLE	TD
NAME	LANE, SARAH	3.2 NAME	JASON A. MITCHELL
STREET ADDRESS	117 N.W. 15TH STREET	3.3 STREET ADDRESS	117 N.W. 15th STREET
CITY-ST-ZIP	GAINESVILLE FL 32603	3.4 CITY-ST-ZIP	GAINESVILLE, FL 32603
TITLE	D	4.1 TITLE	SD
NAME	MILNER, DAVID	4.2 NAME	Lolita Nghiem
STREET ADDRESS	117 N.W. 15TH STREET	4.3 STREET ADDRESS	117 N.W. 15th STREET
CITY-ST-ZIP	GAINESVILLE FL 32603	4.4 CITY-ST-ZIP	GAINESVILLE, FL 32603
TITLE	D	5.1 TITLE	MD
NAME	BIRKNER, ARCHIE	5.2 NAME	JANESSA McMULLIAN
STREET ADDRESS	117 N.W. 15TH STREET	5.3 STREET ADDRESS	117 N.W. 15th STREET
CITY-ST-ZIP	GAINESVILLE FL 32603	5.4 CITY-ST-ZIP	GAINESVILLE, FL 32603
TITLE	D	6.1 TITLE	D
NAME	CRAWFORD, CHRISTOPHER	6.2 NAME	KELLY MARSHALL
STREET ADDRESS	117 N.W. 15TH STREET	6.3 STREET ADDRESS	117 N.W. 15th STREET
CITY-ST-ZIP	GAINESVILLE FL 32603	6.4 CITY-ST-ZIP	GAINESVILLE, FL 32603

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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, with all other like empowered.

SIGNATURE: *Julia C. Duchaste* SIGNATURE REQUIRED DATE: 7/11/99 (352) 377-4269

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