


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

FILED

**Jul 30 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716469 (2)

1. Corporation Name
FLORIDA NATIONAL PARKS & MONUMENTS ASSOCIATION, INC.



Principal Place of Business 10 PARACHUTE KEY #51 HOMESTEAD FL 33034 US	Mailing Address 10 PARACHUTE KEY # 51 HOMESTEAD FL 33034 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 04/29/1969	3a. Date of Last Report 02/07/1996
4. FEI Number 59-0916076	Applied For 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A	

g. Name and Address of Current Registered Agent

**GIVEN, BERYL M
% FLORIDA NATIONAL PARKS & MON ASSN
10 PARACHUTE KEY #51
HOMESTEAD FL 33034**

10. Name and Address of New Registered Agent

**81 Name
Singletary, Caution**

**82 Street Address (P.O. Box Number is Not Acceptable)
c/o Florida National Parks & Mon Assn**

**83
10 Parachute Key #51**

**84 City
Homestead, FL 85 Zip Code
33034**

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 *Caution Singletary* **Caution Singletary, President** **7/22/97**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE CD	<input checked="" type="checkbox"/> DELETE
NAME SINGLETARY, CAULION	
STREET ADDRESS 37 NW 1ST	
CITY-ST-ZIP HOMESTEAD, FL 00000	
TITLE D	<input type="checkbox"/> DELETE
NAME JACOBSEN, THOMAS M.	
STREET ADDRESS 144 NORTH KROME AVENUE	
CITY-ST-ZIP HOMESTEAD, FL 00000	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME PALMER, EDWARD JR.	
STREET ADDRESS 330 PROVIDENCE RD	
CITY-ST-ZIP ATHENS GA	
TITLE D	<input type="checkbox"/> DELETE
NAME BERRY, ROGER	
STREET ADDRESS 898 HOMESTEAD BLVD	
CITY-ST-ZIP HOMESTEAD FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME SPRUNT, ALEXANDER	
STREET ADDRESS 102 MOHAWK	
CITY-ST-ZIP TAVERNIER, FL 00000	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME SPINELLI, FRANK DDS	
STREET ADDRESS 83 NW 8 ST	
CITY-ST-ZIP HOMESTEAD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Spinelli, Frank DDS	
1.3 STREET ADDRESS 83 NW 8th Street	
1.4 CITY-ST-ZIP Homestead, FL 33030	
2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Hubbell, Gordon Dr.	
2.3 STREET ADDRESS 150 Buttonwood Drive	
2.4 CITY-ST-ZIP Key Biscayne, FL 33149	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME DeMilly, J.W.	
3.3 STREET ADDRESS 2540 Fairways Drive	
3.4 CITY-ST-ZIP Homestead, FL 33035	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Brown, Joe	
4.3 STREET ADDRESS 4451 Buckingham Circle	
4.4 CITY-ST-ZIP Decatur, GA 30035	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Caution Singletary* **Singletary, Caution** **7/22/97** **305 247 1216**

CR2E037 (4/97)