

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 719959 (9)
1. Corporation Name
EXECUTIVE ASSOCIATION OF GREATER ORLANDO, INC.



Principal Place of Business C/O CLASSE MARKETING 3319 MAGUIRE BLVD #155 ORLANDO FL 32803 US	Mailing Address C/O CLASSE MARKETING 3319 MAGUIRE BLVD #155 ORLANDO FL 32803 US
---	---

3. Date Incorporated or Qualified 12/30/1970	Applied For
4. FEI Number 59-1466562	Not Applicable

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

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

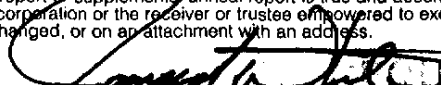
9. Name and Address of Current Registered Agent JUERGENSEN, WALT 5695 BEGGS RD ORLANDO FL 32810	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
---	---

11. Pursuant to the provisions of Sections 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP ☐ DELETE	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	WEISS, BOB	1.2 NAME	
STREET ADDRESS	274 SYLVAN BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	2.1 TITLE	D/T ☐ Change ☒ Addition
NAME	DRANE, FRANK	2.2 NAME	JAMES M. White
STREET ADDRESS	800 MAGNOLIA AVE, SUITE 1600	2.3 STREET ADDRESS	5695 Beggs Road, Suite B
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32810
TITLE	D ☒ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
NAME	LIFF, GEORGE	3.2 NAME	Chuck Shattuck
STREET ADDRESS	300 E NEW WINGLAND AVE	3.3 STREET ADDRESS	275 N. Cottage Hill Road
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	Orlando, FL 32805
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BREWER, JANET	4.2 NAME	
STREET ADDRESS	1100 E. COLONIAL DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	DST ☐ DELETE	5.1 TITLE	D/VP ☒ Change ☐ Addition
NAME	SATILL, AVRON	5.2 NAME	
STREET ADDRESS	601 S. NEW YORK, STORE @	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	6.1 TITLE	D ☒ Change ☐ Addition
NAME	BRESSLER, BRETT	6.2 NAME	
STREET ADDRESS	1245 W FAIRBANKS AVE, STE 500	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	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 on an attachment with an address.

SIGNATURE:  James H. White 407-297-9695

CR2E037 (10/97)