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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

284542 - 90021 - 36

DOCUMENT # 719959

1. Corporation Name
EXECUTIVE ASSOCIATION OF GREATER ORLANDO, INC.

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	12/30/1970
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-1466562 ☐ Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip 25 Country	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ 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	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, JAMES M		2.2 NAME		
STREET ADDRESS	5695 BEGGS RD, STE B		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32810		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	V/D	☐ Change ☒ Addition
NAME	SHATTUCK, CHUCK		3.2 NAME	David Hill	
STREET ADDRESS	275 N COTTAGE HILL RD		3.3 STREET ADDRESS	1 South Orange Ave. #304	
CITY-ST-ZIP	ORLANDO FL 32805		3.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	BREWER, JANET		4.2 NAME	Dave Pitt	
STREET ADDRESS	1100 E. COLONIAL DRIVE		4.3 STREET ADDRESS	1492 W. Fairbanks Avenue	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	DVP	☐ DELETE	5.1 TITLE		☐ 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	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	BRESSLER, BRETT		6.2 NAME	Gerry Liff	
STREET ADDRESS	1245 W FAIRBANKS AVE, STE 500		6.3 STREET ADDRESS	300 E. New England Ave.	
CITY-ST-ZIP	WINTER PARK FL		6.4 CITY-ST-ZIP	Winter Park, FL 32789	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Avron Satill 3/31/99 407-539-2852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)