

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740898 (2)

1. Corporation Name
OSCEOLA COUNTY ASSOCIATION OF REALTORS, INC.



Principal Place of Business 1105 SHADY LANE KISSIMEE FL 34744 US	Mailing Address P.O. BOX 340317 PO BOX 450517 KISSIMEE FL 34745-0517 US
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3. Date Incorporated or Qualified 11/23/1977	
4. FEI Number 59-1806180	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	

2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc.	26 P.O. Box 450517
22 City & State	27 Sulte, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

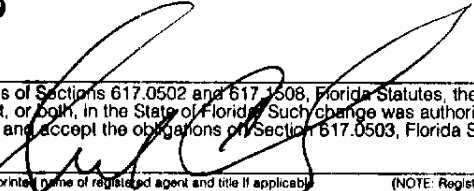
9. Name and Address of Current Registered Agent

CUMBIE, FRED H., II
4305 NEPTUNE ROAD
ST. CLOUD FL 32769

10. Name and Address of New Registered Agent

81 Name	Cumbie, Fred H., II
82 Street Address (P.O. Box Number is Not Acceptable)	100 Church Street
83	
84 City	Kissimmee
85 Zip Code	FL 34741

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 **1/9/98**

(NOTE: Registered Agent signature required when reinstating)

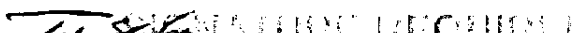
12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	NICHOLS, WILLIAM C.	
STREET ADDRESS	831 W. OAK ST., STE 100	
CITY-ST-ZIP	KISSIMEE FL	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	ST. GORDON, TIMOTHY	
STREET ADDRESS	831 W. OAK ST., STE 100	
CITY-ST-ZIP	KISSIMEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEVINE, MICHAEL	
STREET ADDRESS	5330 HAWK DR.	
CITY-ST-ZIP	KISSIMEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PRESBY, JANICE	
STREET ADDRESS	3335 13TH ST.	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	IAQUINTO, FRANK	
STREET ADDRESS	923 BERMUDA AVE.	
CITY-ST-ZIP	KISSIMEE FL 34741	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	St. Gordon, Timothy	
1.3 STREET ADDRESS	931 W. Oak Street., Ste-100	
1.4 CITY-ST-ZIP	Kissimmee, FL 34741	
2.1 TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Levine, Michael	
2.3 STREET ADDRESS	5330 Hawk Drive	
2.4 CITY-ST-ZIP	Kissimmee, FL 34746	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sullivan, James	
3.3 STREET ADDRESS	423 E. Vine Street	
3.4 CITY-ST-ZIP	Kissimmee, FL 34744	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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:  DATE: **1/7/98**

CFR2037 (10/97)