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May 16 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 # 747488 (5)

1. Corporation Name
CENTRAL FLORIDA SOCIETY OF ASSOCIATION EXECUTIVE S, INC.

Principal Place of Business 222 S WESTMONTE DRIVE #101 P. O. BOX 150127 ALTAMONTE SPRINGS FL 32715-7127	Mailing Address 222 S WESTMONTE DRIVE #101 P. O. BOX 150127 ALTAMONTE SPRINGS FL 32715-0127
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2. Principal Place of Business 21 4421 Gilpin Way		2a. Mailing Address 26 P.O. Box 560467		3. Date Incorporated or Qualified 06/04/1979		3a. Date of Last Report 05/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1880365		Applied For Not Applicable	
22 City & State 23 Orlando, FL		27 City & State 28 Orlando, FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fees Required	
Zip 24 32812		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29 32856		Country 30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent KAUTTER, WILLARD S. 222 S WESTMONTE DRIVE, #101 ALTAMONTE SPRINGS FL 32714				10. Name and Address of New Registered Agent			
				81 Name Londra H. Mead			
				82 Street Address (P.O. Box Number is Not Acceptable) 4421 Gilpin Way			
				83			
				84 City Orlando,			
				85 Zip Code FL 32812			

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: Londra H. Mead DATE: **4/30/97**

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LARA, PEGGY	1.2 NAME	
STREET ADDRESS	4182 EDGEWATER DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D MCDUFFIE, LISA	2.2 NAME	D Belton Jennings, III
STREET ADDRESS	135 W. CENTRAL BLVD., #440	2.3 STREET ADDRESS	621 E. Central Blvd.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D MONAHAN, THOMAS	3.2 NAME	D Barbara Miller
STREET ADDRESS	214 ROYAL OAK CIRCLE	3.3 STREET ADDRESS	7380 Sand Lake Rd., #500
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	Orlando, FL 32819
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVP KAUTTER, WILLARD	4.2 NAME	Londra H. Mead
STREET ADDRESS	222 S. WESTMONTE DRIVE	4.3 STREET ADDRESS	4421 Gilpin Way
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	4.4 CITY-ST-ZIP	Orlando, FL 32812
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PE GINKEL, KATHY	5.2 NAME	Kathy Ginkel
STREET ADDRESS	1633 E. VINE STREET, #206	5.3 STREET ADDRESS	1633 E. Vine St., #206
CITY-ST-ZIP	KISSIMMEE FL	5.4 CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST SHOLANDER, MARK	6.2 NAME	Mark Sholander
STREET ADDRESS	201 EAST PINE ST. SUITE 800	6.3 STREET ADDRESS	201 E. Pine St., Ste. 800
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	Orlando, FL 32801

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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: Londra H. Mead DATE: **4/30/97 (407) 275-3777**

CR2E037 (9/96)