

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **763352 (2)**
1. Corporation Name
DOWNTOWN BUSINESS ASSOCIATES OF KISSIMMEE, INC.



Principal Place of Business: **201 BROADWAY KISSIMMEE FL 34741**
Mailing Address: **201 BROADWAY KISSIMMEE FL 34741**

3. Date Incorporated or Qualified: **05/18/1982**
3a. Date of Last Report: **04/05/1995**
4. FEI Number: **59-2359815**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent: **CROSS, GEORGE 201 BROADWAY KISSIMMEE FL 34741**
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 617.0602 and 617.1503, 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: *George A. Cross* DATE: **3-2-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V	NAME: CUNNINGHAM, LINDA STREET ADDRESS: 20 W. DAKIN AVE. CITY-ST-ZIP: KISSIMMEE FL	1.1 TITLE: <input checked="" type="checkbox"/> DELETE	1.1 NAME: WILDER, MARILYN 1.2 STREET ADDRESS: 3 S. ORLANDO 1.3 CITY-ST-ZIP: KISSIMMEE, FL. 34741
TITLE: D	NAME: LOWENSTEIN, HARRY STREET ADDRESS: 26 BROADWAY CITY-ST-ZIP: KISSIMMEE FL	2.1 TITLE: <input type="checkbox"/> DELETE	2.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: CROSS, GEORGE STREET ADDRESS: 203 BROADWAY CITY-ST-ZIP: KISSIMMEE FL	3.1 TITLE: <input type="checkbox"/> DELETE	3.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: PATE, MICHAEL STREET ADDRESS: 400 EMMETT ST. CITY-ST-ZIP: KISSIMMEE FL	4.1 TITLE: <input type="checkbox"/> DELETE	4.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P	NAME: SPRINKLE, BETTE STREET ADDRESS: 23 EAST BROADWAY CITY-ST-ZIP: KISSIMMEE FL	5.1 TITLE: <input type="checkbox"/> DELETE	5.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: TAPP, MARY STREET ADDRESS: 18 N. ORLANDO AVENUE CITY-ST-ZIP: KISSIMMEE FL	6.1 TITLE: <input type="checkbox"/> DELETE	6.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *George A. Cross* DATE: **3-2-96** DAYTIME PHONE: **407-847-4727**

CR2E037 (12/95)