

FILE NOW: FILING FEE IS \$61.25

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Feb 04 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 # 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 34741-5715
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3. Date Incorporated or Qualified 05/18/1982		3a. Date of Last Report 03/13/1996	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country 24. Zip Country		4. FEI Number 59-2359815 Applied For Not Applicable	
2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29. Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
30. Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 617.0502 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: *George Cross* (NOTE: Registered Agent signature required when reinstating) DATE: **1/27/97**

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	WINDER, MARILYN	
STREET ADDRESS	3 S ORLANDO	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOWENSTEIN, HARRY	
STREET ADDRESS	28 BROADWAY	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CROSS, GEORGE	
STREET ADDRESS	203 BROADWAY	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PATE, MICHAEL	
STREET ADDRESS	400 EMMETT ST.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SPRINKLE, BETTE	
STREET ADDRESS	23 EAST BROADWAY	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TAPP, MARY	
STREET ADDRESS	18 N. ORLANDO AVENUE	
CITY-ST-ZIP	KISSIMMEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Tom Javier
4.3 STREET ADDRESS	412 W EMMETT ST
4.4 CITY-ST-ZIP	Kissimmee FL 34741
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Jovel Putman
6.3 STREET ADDRESS	200 Broadway
6.4 CITY-ST-ZIP	Kissimmee FL 34741

14. I do 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: *George Cross* DATE: **1/27/97** 407-847-2248

CR2E037 (9/96)