

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 03 1998 8:00am
Secretary of State

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

4. FEI Number
59-2359815

Applied For
 Not Applicable

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CROSS, GEORGE
201 BROADWAY
KISSIMMEE FL 34741**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP** DELETE
NAME **WINDER, MARILYN**
STREET ADDRESS **3 S ORLANDO**
CITY-ST-ZIP **KISSIMMEE FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** DELETE
NAME **LOWENSTEIN, HARRY**
STREET ADDRESS **26 BROADWAY**
CITY-ST-ZIP **KISSIMMEE FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** DELETE
NAME **LANIER, TOM**
STREET ADDRESS **412 W EMMETT ST**
CITY-ST-ZIP **KISSIMMEE FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** DELETE
NAME **PATE, MICHAEL**
STREET ADDRESS **400 EMMETT ST.**
CITY-ST-ZIP **KISSIMMEE FL**

4.1 TITLE Change Addition
4.2 NAME **Treasurer**
4.3 STREET ADDRESS **George Cross**
4.4 CITY-ST-ZIP **201 Broadway**
Kissimmee, Fla 34741

TITLE **P** DELETE
NAME **SPRINKLE, BETTE**
STREET ADDRESS **23 EAST BROADWAY**
CITY-ST-ZIP **KISSIMMEE FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** DELETE
NAME **PUTNAM, JOEL**
STREET ADDRESS **200 BROADWAY**
CITY-ST-ZIP **KISSIMMEE FL**

6.1 TITLE Change 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 on an attachment with an address.

SIGNATURE: _____ RECEIVED

1/16/98

407-847-4727

CR2E037 (10/97)