


FILE NOW: FILING FEE IS \$61.25

FILED

May 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N05698 (8)
1. Corporation Name
CENTRAL FLORIDA CHAPTER OF THE AMERICAN CONCRETE INSTITUTE, INC.



Principal Place of Business: P. O. BOX 940671, MAITLAND FL 32751-0671
Mailing Address: P. O. BOX 940671, MAITLAND FL 32751-0671

3. Date Incorporated or Qualified: 10/16/1984
4. FEI Number: 59-2481318
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

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: WESTCOTT, DAVID, 541 S ORLANDO AVE, STE 310, MAITLAND FL 32751

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: WESTCOTT, DAVID	1.1 TITLE:	200002542282
STREET ADDRESS: 541 S ORLANDO AVE, STE 310	CITY-ST-ZIP: MAITLAND FL	1.2 NAME:	-06/01/98--01057--027
TITLE: VP	NAME: HALDI, DANIEL	1.3 STREET ADDRESS:	***61.25
STREET ADDRESS: 719 S WOODLAND BLVD	CITY-ST-ZIP: DELAND FL	1.4 CITY-ST-ZIP:	
TITLE: T	NAME: CASTOR, CRAIG	2.1 TITLE:	VP Sheryl Page
STREET ADDRESS: 8185 TINKER WAY	CITY-ST-ZIP: ORLANDO FL	2.2 NAME:	5738 S. Semoran Blvd.
TITLE: S	NAME: KUTS, CHUCK	2.3 STREET ADDRESS:	Orlando, FL 32822
STREET ADDRESS: 541 LAKE MARTIN LANE, APT K.	CITY-ST-ZIP: ORLANDO FL	2.4 CITY-ST-ZIP:	
TITLE: D	NAME: FARRIS, RON	3.1 TITLE:	Treasurer
STREET ADDRESS: 4514 LAKE MARTIN LANE, APT K.	CITY-ST-ZIP: ORLANDO FL	3.2 NAME:	chuck Kuts
TITLE: D	NAME: PAGE, SHERYL	3.3 STREET ADDRESS:	541 Saddlewood Lane
STREET ADDRESS: 5738 S SEMORAN BLVD	CITY-ST-ZIP: ORLANDO FL	3.4 CITY-ST-ZIP:	Winter Springs, FL 32708
TITLE:	NAME:	4.1 TITLE:	Secretary
		4.2 NAME:	Ron Farris
		4.3 STREET ADDRESS:	4514 Lake martin Lane, Apt. K
		4.4 CITY-ST-ZIP:	Orlando, FL
		5.1 TITLE:	Director
		5.2 NAME:	Dan Dunham
		5.3 STREET ADDRESS:	1030 N. Orlando, Ste. A
		5.4 CITY-ST-ZIP:	Winter Park, FL 32789
		6.1 TITLE:	Director
		6.2 NAME:	Chris Lipke
		6.3 STREET ADDRESS:	3115 37th Street
		6.4 CITY-ST-ZIP:	Orlando, FL 32839

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: _____

CR2E037 (10/97)