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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N34851 1. Corporation Name WILTON MANORS BUSINESS ASSOCIATION, INC.		
Principal Place of Business P. O. BOX 24332 FT. LAUDERDALE FL 33305 US	Mailing Address P. O. BOX 24332 FT. LAUDERDALE FL 33305 US	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/24/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33307	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
LOU STRENNEN 2430 NE 13 AVENUE FT. LAUDERDALE FL 33305	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 Lou Strennen Lou Strennen DATE 2/10/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRENNEN, LOU	1.2 NAME	LEN DATO
STREET ADDRESS	2430 NE 13 AVE.	1.3 STREET ADDRESS	1501 NE 26 STREET
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	WILTON MANORS, FL 33305
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAHERTY, VIRGINIA	2.2 NAME	VINCENT LOWE
STREET ADDRESS	2180 WILTON DRIVE	2.3 STREET ADDRESS	2495 E. COMMERCIAL BLVD.
CITY-ST-ZIP	WILTON MANORS FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSTO, LORI	3.2 NAME	
STREET ADDRESS	P.O. BOX 24332	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lou Strennen SIGNATURE REQUIRED Lou Strennen Date 2/10/99
Signature, typed or printed name of signing officer or director. Daytime Phone #

CR2E037 (11/98)