


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 26 1998 8:00am
Secretary of State**



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Motham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001574 (9)
1. Corporation Name
THE FLORIDA HIGHWAY PATROL AUXILIARY FOUNDATION, INC.

Principal Place of Business 2900 APALACHEE PARKWAY, ROOM A315 TALLAHASSEE FL 32399	Mailing Address 2900 APALACHEE PARKWAY, ROOM A315 TALLAHASSEE FL 32399
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3. Date Incorporated or Qualified
03/20/1997

4. FEI Number
59-3495705

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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

**GRAY, ROBERT
2900 APALACHEE PARKWAY, ROOM A315
TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent

81 Name	CAPT. MARK R. TRAMMELL
82 Street Address (P.O. Box Number is Not Acceptable)	SAME
83	SAME
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 _____ DATE _____
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, WILLIAM J	1.2 NAME	
STREET ADDRESS	1424 MARGINA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAVONE, CARMELLO	2.2 NAME	
STREET ADDRESS	18444 SW 294TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUMNER, FRANKLIN D	3.2 NAME	D RALPH TORRES
STREET ADDRESS	3915 S. INDIAN RIVER DR	3.3 STREET ADDRESS	12277 AREXA DR.
CITY-ST-ZIP	FT PIERCE FL 34962	3.4 CITY-ST-ZIP	WELLINGTON, FL 33444
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKERSON, CARROLL W	4.2 NAME	
STREET ADDRESS	1551 E INTERNATIONAL SPEEDWAY BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHIAVAROLI, JOSEPH	5.2 NAME	D GEORGE P. WARRICK
STREET ADDRESS	22870 BLACKBEARD LANE	5.3 STREET ADDRESS	4360 PETERS ROAD
CITY-ST-ZIP	SUMERLAND KEY FL 33042-4202	5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33317
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEY, DAVID A	6.2 NAME	
STREET ADDRESS	5130 PRESIDENTS CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	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.

SIGNATURE: *William J. Miller* **3/17/98** **904-252-2832**

CP2E037 (10/97)