

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # [REDACTED] **N 98 00000 3262**

1. Corporation Name
MLOP ASSOCIATION, INC.

Principal Place of Business 9551 BAYMEADOWS ROAD SUITE 4 JACKSONVILLE FL 32256	Mailing Address 9551 BAYMEADOWS ROAD SUITE 4 JACKSONVILLE FL 32256
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/14/97	4. FEI Number APPLIED FOR	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**BRAREN, MICHAEL E
 9551 BAYMEADOWS ROAD
 SUITE 4
 JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 type the printed name of the individual in the appropriate block. Registered Agent's signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STOKES, E CHESTER JR	
STREET ADDRESS	9551 BAYMEADOWS ROAD, SUITE 4	
CITY- ST- ZIP	JACKSONVILLE FL 32256	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BRAREN, MICHAEL E	
STREET ADDRESS	9551 BAYMEADOWS ROAD, SUITE 4	
CITY- ST- ZIP	JACKSONVILLE FL 32256	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	FREDENHAGEN, SHARON W	
STREET ADDRESS	9551 BAYMEADOWS ROAD, SUITE 4	
CITY- ST- ZIP	JACKSONVILLE FL 32256	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HICE, SHERRY	
STREET ADDRESS	9551 BAYMEADOWS ROAD, SUITE 4	
CITY- ST- ZIP	JACKSONVILLE FL 32256	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALLACE, L DENISE	
STREET ADDRESS	9551 BAYMEADOWS ROAD, SUITE 4	
CITY- ST- ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sherry Hice* Sherry Hice 4/15/98 904/739-2249

CR2E037 (10/97)