

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90046 016 ****61.25

0006936

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000003262

1. Corporation Name
MLOP ASSOCIATION, INC.

Principal Place of Business
 9551 BAYMEADOWS ROAD, STE. 4
 JACKSONVILLE FL 32256

Mailing Address
 9551 BAYMEADOWS ROAD, STE. 4
 JACKSONVILLE FL 32256



| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 11/14/1997 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number APPLIED FOR 59-3515206 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | | |

| | | | | | | | |
|--|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| BRAREN, MICHAEL E 9551 BAYMEADOWS ROAD., STE. 4 JACKSONVILLE FL 32256 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 | DV | <input type="checkbox"/> DELETE | 1.1 TITLE | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BRAREN, MICHAEL E | | 1.2 NAME | | | | |
| STREET ADDRESS | 9551 BAYMEADOWS ROAD., STE. 4 | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | | 1.4 CITY-ST-ZIP | | | | |
| TITLE | DS | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HICE, SHERRY | | 2.2 NAME | | | | |
| STREET ADDRESS | 9551 BAYMEADOWS ROAD., STE. 4 | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | | 2.4 CITY-ST-ZIP | | | | |
| TITLE | DT | <input type="checkbox"/> DELETE | 3.1 TITLE | VT | <input checked="" type="checkbox"/> Change | | <input type="checkbox"/> Addition |
| NAME | FREDENHAGEN, SHARON W | | 3.2 NAME | | | | |
| STREET ADDRESS | 9551 BAYMEADOWS ROAD., STE. 4 | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | | 3.4 CITY-ST-ZIP | | | | |
| TITLE | P | <input type="checkbox"/> DELETE | 4.1 TITLE | DP | <input checked="" type="checkbox"/> Change | | <input type="checkbox"/> Addition |
| NAME | WALLACE, L. DENISE | | 4.2 NAME | | | | |
| STREET ADDRESS | 9551 BAYMEADOWS ROAD., STE. 4 | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | DS | <input type="checkbox"/> Change | | <input checked="" type="checkbox"/> Addition |
| NAME | | | 5.2 NAME | WALKER, BARBARA S | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 9551 BAYMEADOWS ROAD STE 4 | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | JACKSONVILLE FL 32256 | | | |
| 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: *Barbara S Walker* SIGNATURE REQUIRED BARBARA S WALKER 4/23/99 904/739-2249
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)