

FILE NOW: FILING FEE IS \$61.25

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Apr 29, 1999 8:00 am
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 # 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)