


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

03-29-1999 90079 004 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000006612

1. Corporation Name
OVIEDO BUSINESS ADVISORY COUNCIL, INC.

* 3 7 2 1 8 8 *
 372108-90029-33

Principal Place of Business 1757 W. BROADWAY, SUITE 4 OVIEDO FL 32765	Mailing Address 1757 W. BROADWAY, SUITE 4 OVIEDO FL 32765
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2. Principal Place of Business 21 800 W. SR 426 Suite, Apt. #, etc. 22 Ste. A City & State 23 Oviedo, FL Zip 24 32765	2a. Mailing Address 26 800 W. SR 426 Suite, Apt. #, etc. 27 Ste. A City & State 28 Oviedo, FL Zip 29 32765	3. Date Incorporated or Qualified 11/16/1998 4. FEI Number 01-35410103 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent KARL A. BURGUNDER, P.A. 1757 W. BROADWAY, SUITE 4 OVIEDO FL 32765	10. Name and Address of New Registered Agent 81 Name Karl A. Burgunder 82 Street Address (P.O. Box Number is Not Acceptable) 800 W. SR 426 83 Suite A 84 City Oviedo FL 85 Zip Code 32765
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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: Karl A. Burgunder DATE: 3/16/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P/D NAME: WILSON, B. PARKS STREET ADDRESS: 1757 W. BROADWAY, SUITE 4 CITY-ST-ZIP: OVIEDO FL 32765	<input type="checkbox"/> DELETE	1.1 TITLE: Evans, Arthur, Dir 1.2 NAME: Evans, Arthur, Dir 1.3 STREET ADDRESS: 110 East Broadway 1.4 CITY-ST-ZIP: Oviedo, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: AXEL, DAVID E STREET ADDRESS: 1757 W. BROADWAY, SUITE 4 CITY-ST-ZIP: OVIEDO FL 32765	<input type="checkbox"/> DELETE	2.1 TITLE: Wheeler, Frank, Jr., Dir. 2.2 NAME: Wheeler, Frank, Jr., Dir. 2.3 STREET ADDRESS: P.O. Box 620430 2.4 CITY-ST-ZIP: Oviedo, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S/D NAME: BURGUNDER, KARL A. STREET ADDRESS: 1757 W. BROADWAY, SUITE 4 CITY-ST-ZIP: OVIEDO FL 32765	<input type="checkbox"/> DELETE	3.1 TITLE: Kinney, Clark, Dir. 3.2 NAME: Kinney, Clark, Dir. 3.3 STREET ADDRESS: P.O. Box 620430 3.4 CITY-ST-ZIP: Oviedo, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T/D NAME: SLATTERY, TIM STREET ADDRESS: 1757 W. BROADWAY, SUITE 4 CITY-ST-ZIP: OVIEDO FL 32765	<input type="checkbox"/> DELETE	4.1 TITLE: Martin, Robert, Dir. 4.2 NAME: Martin, Robert, Dir. 4.3 STREET ADDRESS: 1726 W. Broadway 4.4 CITY-ST-ZIP: OVIEDO, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: McQueen, Paul, Dir. STREET ADDRESS: 1601 Alafaya Trail CITY-ST-ZIP: Oviedo, FL 32765	<input type="checkbox"/> DELETE <u>AD</u>	5.1 TITLE: Wagner, Robert, Dir. 5.2 NAME: Wagner, Robert, Dir. 5.3 STREET ADDRESS: 1757 W. Broadway, Suite 1 5.4 CITY-ST-ZIP: Oviedo, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Davis Celita, Dir. STREET ADDRESS: 2020 Winter Springs Blvd. CITY-ST-ZIP: Oviedo, FL 32765	<input type="checkbox"/> DELETE <u>AD</u>	6.1 TITLE: Perez, Lyn, Dir. 6.2 NAME: Perez, Lyn, Dir. 6.3 STREET ADDRESS: P.O. Box 620430 6.4 CITY-ST-ZIP: Oviedo, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Karl A. Burgunder DATE: 3/16/99 (407)3663555

SIGNATURE: Karl A. Burgunder Additional: Fleming, John, Dir. P.O. Box 620430 Oviedo, FL 32765

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