

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000075783 (8)
 1. Corporation Name
FLORIDA OWNER / OPERATOR'S ASSOCIATION, INC.

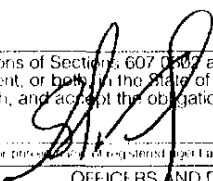


Principal Place of Business 4961 SW 74 COURT MIAMI FL 33155	Mailing Address 4961 SW 74 COURT MIAMI FL 33155-4471
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2. Principal Place of Business 7800 Red Road Suite, Apt. #, etc.	2a. Mailing Address 7800 Red Road Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/12/1994	3a. Date of Last Report 05/01/1996
22. 213 City & State South Miami FL	27. 213 City & State South Miami FL	4. FEI Number 65-0525288	Applied For <input type="checkbox"/> Not Applicable
23. 33143 Zip	25. US Country	29. 33143 Zip	30. US Country
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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent RODRIGUEZ, ANGEL R 7800 RED RD STE 213 MIAMI FL 33143		10. Name and Address of New Registered Agent	
B1 Name Angel Veliz	B2 Street Address (P.O. Box Number is Not Acceptable) 7800 Red Road Suite 213	B3	B4 City South Miami
B5	B6 State FL	B7 Zip Code 33143	

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE:  DATE: **1/15/97**

SIGNATURE OF REGISTERED AGENT (NAME 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	ALLEGROE, BOB	1.2 NAME	
STREET ADDRESS	221-A E MAIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELIZ, ANGEL	2.2 NAME	
STREET ADDRESS	7800 RED RD STE 213	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, BRENDA	3.2 NAME	
STREET ADDRESS	10951 NW 3 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIAN, DICK	4.2 NAME	
STREET ADDRESS	821 TREASURE BOAT WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JOE	5.2 NAME	
STREET ADDRESS	P O BOX 15566	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514-5566	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTONE, TIM	6.2 NAME	
STREET ADDRESS	648 FLORIDA AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32402	6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE: **1/15/97** DAYTIME PHONE #: **(305) 661-4460**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)