

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90243 015 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
 1999

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

DOCUMENT # **P94000075783**

1. Corporation Name
FLORIDA OWNER / OPERATOR'S ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 7800 RED RD
 213
 SOUTH MIAMI FL 33143
 US

Mailing Address
 7800 RED ROAD
 213
 SOUTH MIAMI FL 33143
 US

3. Date Incorporated or Qualified
10/12/1994

2. Principal Place of Business
 21

2a. Mailing Address
 26

4. FEI Number
65-0525288

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
 23

City & State
 28

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country
 24 25

Zip Country
 29 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VELIZ, ANGEL
 7800 RED ROAD SUITE 213
 SOUTH MIAMI FL 33143

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

11. Pursuant to the provisions of Sections 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEGROE, BOB	
STREET ADDRESS	221-A E MAIN STREET	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VELIZ, ANGEL	
STREET ADDRESS	7800 RED RD STE 213	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WELLS, BRENDA	
STREET ADDRESS	10951 NW 3 STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHRISTIAN, DICK	
STREET ADDRESS	621 TREASURE BOAT WAY	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, JOE	
STREET ADDRESS	P O BOX 15566	
CITY-ST-ZIP	PENSACOLA FL 32514-5566	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSTONE, TIM	
STREET ADDRESS	648 FLORIDA AVE	
CITY-ST-ZIP	PANAMA CITY FL 32402	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, 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: _____ SIGNATURE REQUIRED _____
 4/14/99 (305) 661-4460
 Date Daytime Phone #

CR2E034 (11/98)