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FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20471 (1)
1. Corporation Name
THE CENTER OF COMMERCE AT ORLANDO OWNERS' ASSOCIATION, INC.



Principal Place of Business 1000 LEGION PLACE SUITE 1450 ORLANDO FL 32801	Mailing Address 1000 LEGION PLACE SUITE 1450 ORLANDO FL 32801-1041
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3. Date Incorporated or Qualified 05/05/1987	3a. Date of Last Report 05/29/1996
4. FEI Number 59-2965059	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent WIELAND, JEFFREY P 2 SOUTH ORANGE AVENUE ORLANDO FL 32801		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	85. Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD LILLEY, ROY A
STREET ADDRESS	6030 P.G. LEE BLVD, STE 840 1000 Legion Place
CITY-ST-ZIP	ORLANDO FL 32822-4408 Suite 1450 ORLANDO, FL 32801
TITLE	<input type="checkbox"/> DELETE
NAME	STD RICHMOND, MATT
STREET ADDRESS	711 HIGH STREET
CITY-ST-ZIP	DES MOINES IA 50392-1370
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D O'MEARA, EILEEN M
STREET ADDRESS	711 HIGH STREET
CITY-ST-ZIP	DES MOINES IA 50392-1370
TITLE	<input type="checkbox"/> DELETE
NAME	<i>Woolter, Linda</i>
STREET ADDRESS	<i>711 High Street</i>
CITY-ST-ZIP	<i>Des Moines IA 50392-1370</i>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	D
1.2 NAME	<i>Linda Woolter</i>
1.3 STREET ADDRESS	<i>711 High Street</i>
1.4 CITY-ST-ZIP	<i>Des Moines IA 50392-1370</i>
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: *Matt Richmond* **REQUIRED** 4/22/97 515-283-8835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015961

CR2E037 (9/96)