

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 01 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N97000003717 (2)

1. Corporation Name

TRANSPORTATION AND EXPRESSWAY AUTHORITY MEMBERSHIP OF FLORIDA (TEAMFL), INC.

Principal Place of Business

Mailing Address

525 S. MAGNOLIA AVE.  
ORLANDO FL 32801-4414

525 S. MAGNOLIA AVE.  
ORLANDO FL 32801-4414

2. Principal Place of Business

2a. Mailing Address

21 2121 CAMDEN ROAD

26 2121 CAMDEN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE B

27 SUITE B

City & State

City & State

23 ORLANDO, FL.

28 ORLANDO, FL.

Zip

Zip

24 32803

Country

Country

25 USA

29 32803 30 USA

3. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/27/1997

4. FEI Number

59-3461164

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

WORRALL, HAROLD W  
525 S. MAGNOLIA AVE.  
ORLANDO FL 32801-4414

81 Name

ROBERT C. HARTNETT

82 Street Address (P.O. Box Number is Not Acceptable)

2121 CAMDEN ROAD -

83

SUITE B

84 City

ORLANDO

FL

85 Zip Code 32803

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 X Robert C. Hartnett

Robert C. Hartnett

5-26-98

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RICH, A. WAYNE	
STREET ADDRESS	P.O. BOX 1911	N/A
CITY-ST-ZIP	ORLANDO FL 32802	

TITLE	DST	<input type="checkbox"/> DELETE
NAME	ADAMS, WIN	
STREET ADDRESS	1101 E. 1ST ST.	
CITY-ST-ZIP	SANFORD FL 32771	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CARTER, JAMES L JR.	
STREET ADDRESS	11101 RICHLYNE ST.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33619	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLTZMAN, SONNY	
STREET ADDRESS	111 NW 1ST ST., STE. 2740	
CITY-ST-ZIP	MIAMI FL 33128	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHARP, ROGER	
STREET ADDRESS	P.O. DRAWER O	N/A
CITY-ST-ZIP	JACKSONVILLE FL 32203	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPEER, CHRISTINE	
STREET ADDRESS	920 E. LAFAYETTE ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Addition
6.2 NAME	Director
6.3 STREET ADDRESS	Stemle, Deborah
6.4 CITY-ST-ZIP	920 East Lafayette Street. TALLAHASSEE, Florida. 32301

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.

SIGNATURE: X [Signature]

4-28-98 (407)644-4205

CR2E037 (10/97)