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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703167 (7)
 1. Corporation Name
THE FLORIDA COUNCIL OF 100, INC.



Principal Place of Business 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 845 - BAYPORT PLAZA TAMPA FL 33607	Mailing Address 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 845 - BAYPORT PLAZA TAMPA FL 33607
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3. Date Incorporated or Qualified 11/09/1961		
4. FEI Number 59-0931034	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

**FLEMING, O'BRYAN & FLEMING, PA
 500 E BROWARD BLVD 7TH FLOOR
 FT LAUDERDALE FL 33394**

10. Name and Address of New Registered Agent

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

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 _____

12. OFFICERS AND DIRECTORS

TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	NUNIS, RICHARD A.
STREET ADDRESS	1375 BUNEA VISTA DR.
CITY-ST-ZIP	LAKE BUENA VISTS FL
TITLE	VCD <input checked="" type="checkbox"/> DELETE
NAME	TURLEY, STEWART
STREET ADDRESS	8333 BRYAN DAIRY ROAD
CITY-ST-ZIP	LARGO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CRITCHFIELD, JACK
STREET ADDRESS	1 PROGRESS PLAZA
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	FISCHER, LOUIS E.
STREET ADDRESS	4545 PLEASANT HILL ROAD
CITY-ST-ZIP	KISSIMMEE FL
TITLE	EDS <input type="checkbox"/> DELETE
NAME	OHLINGER, CHARLES T III
STREET ADDRESS	845 BAYPORT PLAZA
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CD Carpenter, Peter
1.3 STREET ADDRESS	500 Waters St.
1.4 CITY-ST-ZIP	Jacksonville, FL 32202
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VCD Cobb, Chuck
2.3 STREET ADDRESS	2333 Ponce DeLeon
2.4 CITY-ST-ZIP	Coral Gables, FL 33134
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 checked="" type="checkbox"/> Addition
4.2 NAME	DT Hoepner, Ted
4.3 STREET ADDRESS	P.O. Box 2848
4.4 CITY-ST-ZIP	Orlando, FL 32802
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles T. Ohlinger 3/7/98 812-289-9200

CR2E037 (10/97)