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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719586

1. Corporation Name
LCI FLOTILLA II REUNION ASSOCIATION, INC.

Principal Place of Business 2801 HWY 6 E 353 IOWA CITY IA 52240 US	Mailing Address 2801 HWY 6 E 353 IOWA CITY IA 52240 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/27/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 42-1093151 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WRIGHT, L. LEVERETT
5746 TIMBERLAKE DRIVE
SARASOTA FL 34243

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

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 _____ 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	HELM, DEAN	
STREET ADDRESS	100 BROADVIEW	
CITY-ST-ZIP	SPRINGFIELD PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, JAMES	
STREET ADDRESS	5000 CLARMAN RD.643	
CITY-ST-ZIP	JEFFERSONTON KY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASTILLO, ROBERT	
STREET ADDRESS	3500 BUCHANAN AVE TRL 143	
CITY-ST-ZIP	RIVERSIDE CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WRIGHT, L.L.	
STREET ADDRESS	5746 TIMBERLAKE DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CARTER, PAUL L	
STREET ADDRESS	2801 HWY 6E 353	
CITY-ST-ZIP	IOWA CITY IA	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HERBER, EDWARD A.	
STREET ADDRESS	10550 W 73RD PLACE	
CITY-ST-ZIP	ARUADA CO	

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 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, with all other like empowered.

SIGNATURE: Paul Carter **STD** 1-1499 319-338-2473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)