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Secretary of State

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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 # 721880

1. Corporation Name

FLORIDA LAW REVIEW ALUMNI ASSOCIATION, INC.

Principal Place of Business

HOLLAND LAW CENTER, SW 2ND AVE.
 GAINESVILLE FL 32611

Mailing Address

HOLLAND LAW CENTER, SW 2ND AVE.
 GAINESVILLE FL 32611



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/15/1971	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-7181483	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

PAYNE, VIVEN S
 HOLLAND LAW CENTER SW 2ND AVENUE
 GAINESVILLE FL 32611

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 Vivien S. Payne 3-26-99
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KANTOR, HAL			1.2 NAME	Sellers, Larry E. Jr.		
STREET ADDRESS	215 N EOLA DR			1.3 STREET ADDRESS	325 S Calhoun St., Ste. 600		
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP	Tallahassee FL		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SELLERS, JR L E			2.2 NAME	Everett Dykes		
STREET ADDRESS	325 S CALHOUN ST STE 600			2.3 STREET ADDRESS	341 E Webster Ave		
CITY-ST-ZIP	TALLAHASSEE FL			2.4 CITY-ST-ZIP	Winter Park FL 32789		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWLON, JONATHAN W			3.2 NAME	John Simons		
STREET ADDRESS	115 HOLLAND HALL, SW 2ND AVENUE			3.3 STREET ADDRESS	115 Holland Hall, SW 2nd Ave.		
CITY-ST-ZIP	GAINESVILLE FL 32611			3.4 CITY-ST-ZIP	Gainesville FL 32611		
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROCK, JEFFREY P			4.2 NAME	Gowdy, Bryan		
STREET ADDRESS	115 HOLLAND HALL, SW 2ND AVENUE			4.3 STREET ADDRESS	115 Holland Hall, SW 2nd Ave		
CITY-ST-ZIP	GAINESVILLE FL 32611			4.4 CITY-ST-ZIP	Gainesville FL 32611		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANKUS, JOE			5.2 NAME	Matheson, Maureen Monaghan		
STREET ADDRESS	3161 CORAL WAY #608			5.3 STREET ADDRESS	1825 S Riverview Dr		
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP	Melbourne, FL 32901		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: John Matheson 3-26-99 352-392-2148
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)