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Secretary of State

04-06-1999 90001 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 725688					
1. Corporation Name FLOTILLA 44, INCORPORATED					
Principal Place of Business 401 S. BEACH ST U.S.C.G. AUXILIARY BLDG. DAYTONA BEACH FL 32114 US			Mailing Address C/O W.J. HALL P O BOX 261 ORMOND BCH FL 32175		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/01/1973	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-7346875	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HALL, W. JAMES 56 CARROLLWOOD CR 20 TOMOKA AVE. ORMOND BCH FL 32174				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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

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 C NAME TESTON, KARIN L STREET ADDRESS PO BOX 291031 N/A CITY-ST-ZIP PT ORANGE FL 32129				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TREASURER W. JAMES HALL 20 TOMOKA AVE. ORMOND BEACH, FL - 32174			
TITLE VP NAME SERDAR, SANDRA R STREET ADDRESS 586 S RIDGEWOOD AVENUE CITY-ST-ZIP ORMOND BEACH FL 32174				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP President Charles H. Jacobsen 44 Oakmont Circle Ormond Beach, FL 32174-3817			
TITLE VP NAME ROBINSON, STUART A STREET ADDRESS 134 BELLEVILLE AVENUE CITY-ST-ZIP SO DAYTONA FL 32118				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Secretary Vivian S. McKellan 935 N. Halifax Ave. Daytona Beach, 32118-3755			
TITLE D NAME BAUM, GERALD E STREET ADDRESS 1244 S. PENINSULA DR., #116 CITY-ST-ZIP DAYTONA BEACH FL 32118				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Harry H. Faubert 771 E. Normandy Blvd. Deltona, FL - 32725-6455			
TITLE D NAME BENSON, WILLIAM J STREET ADDRESS PO BOX 291579 N/A CITY-ST-ZIP PT ORANGE FL 32129				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Richard F. Schaufert 17 Promenade at Lions paw Daytona Beach, FL 32124-1500			
TITLE D NAME RASMUSSEN, AUTHOR W STREET ADDRESS 1016 DILLON CIR. CITY-ST-ZIP NEW SMYRNA BEACH FL 32168				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP William T. Hodel 2283 So. Palmetto St. So. Daytona, Fla 32119-3007			

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:

SIGNATURE REQUIRED

27 March, 1999

904-

672-4512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037-11/00A