## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

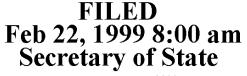
## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 737376**

## FLORIDA AQUATIC PLANT MANAGEMENT SOCIETY, INCORP ORATED

Principal Place of Business								
2002 E MICHIGAN ST ORLANDO FL 32806								



02-22-1999 90077 021 \*\*\*\*70.00

Principal Place	e of Business	Maili	ng Address					•		,	
2002 E MICHIG	IAN ST	PO E	3OX 560700								
ORLANDO FL	32806	_	ando fl 32856								
US		US					§ 188111 18888 1111	. 1 <b>0048</b>   1161 1 <b>00</b>		)  \$181) B B\	, <b>8</b> (8) (1) (8)
ì								1 0 1:5-	<u> </u>		<del> </del>
2. Principal P	lace of Business	2a. N	Mailing Address				3. Date Incorporated	or Qualited	1		
21		26					11/24/1976			<del>- , - ; -</del>	
Suite, Apt.	#, etc.	s	Suite, Apt. #, etc.				4. FEI Number			<u> </u>	lied For
22		27					59-2108135			<u> </u>	Applicable
City & State	e		City & State				5. Certifcate of State	us Desired		\$8.75 A	
23		28							<u>v</u> .	. Fee Rec	
Zip	Country	Z	<u>lip</u>	Cou	ıntry		6. Election Campaig	ın Financing	Π.	\$5.00 1	
24	25	29		30			Trust Fund Contr			Added to	Fees
	9. Name and Address of Curr	ent Registe	red Agent		L		10. Name and Addr	ess of New	Registered	Agent	
					81	Name <	STEVEN WET'N	sie P			
KECHAV V	/ SETARAM				82	1 -			table)		
1	ICHIGAN ST				"	2041	fress (P.O. Box Number i	/ Bi	_DG-^_	DILL	
					83			1			
· UNLANDO	FL 32806						<u> </u>			, 	
:					84	City 1	AUIN-		FI	85 Zip C	<b>ຶ່ງ 7</b>
<u></u>		E00 1 643	7 1EOS Elorido Ct	atutes the	hov	e-named cor	noration submits this stat	ement for th	e purpose of	changing its	registered
7 11. Pursuant office or r	to the provisions of Sections 617.0 egistered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida	. Such change wa	as authorize	d by	the corporat	ion's board of directors.	hereby acce	ept the appo	intment as reg	istered
agent. I a	im familiar with, and accept the obli	gations of, S	Section 617.0503,	Florida Stat	utes	101	- A - 10 007	v .	1 010	199	•
SIGNATURE	W Land		2301E)	y weny	v o	lev-	( Letter Krein	<u> </u>	DATE	71	
	Signature, typed of printed name of registered a			OTE: Registered		nt signature mout	red when reinstating) ADDITIONS/CHAI	IGES TO O		D DIRECTOR	RS IN 12
12.	OFFICERS .	AND DIREC					ADDITIONS/CITAL	1023 10 0	·	Change	Addition
TITLE	P		☐ DELETE							موسمانات ب	
NAME	FRANCOIS LAROCHE				AME	1					
STREET ADDRESS	3301 GUN CLUB RD			1.3 S	TREE	TADDRESS					
CITY-ST-ZIP	WEST PALM BCH FL				ITY-S	T-ZIP	<u></u>				C Ad Direct
TITLE	P	·	☐ DELETE	2.1 7	ITLE					Change	☐ Addition
NAME	BREWER, JIM			2.2 N	AME						•
STREET ADDRESS	D O DOV 2004			2.3 S	TREE	T ADDRESS					
CITY-ST-ZIP	VERO BCH FL 32961		_	2.40	CITY-S	ST-ZIP					
TITLE	D		DELETE	3.1 T	TLE		JEFF SCHAR	-DT	DIR.	Change	☐ Addition
NAME	HARRIS EDWARD			3.2 N	IAME:		2051 EAST	000	DRPUI=		
						T ADDRESS	3021 61221	المالحالات			•
STREET ADDRESS	ORLANDO FL					ST-ZIP	TAUAHA SE	DEE.	一	3(0	
CiTY-ST-ZIP			☐ DELETE	-	TILE	31° LIF		<del> ) -</del>	<del></del>	☐ Change	Addition
TITLE	S										
NAME	ROGERS, JOHN				NAME						
STREET ADDRESS	8302 LAUREL FAIR CIR					T ADDRESS		*		•	
CITY-ST-ZIP	TAMPA FL					ST-ZIP			<del></del>	☐ Change	Addition
TITLE	† <b>D</b>		☐ DELETE		-		•				Addition
NAME	LUDLOW, JUDY				AME	1	•				
STREET ADDRESS	2051 E DIRAC DR		_			TADDRESS				.,	
CITY-ST-ZIP	TALLAHASSEE FL 32310					ST-ZIP				<u>,</u>	
TITLE	T		DELETE	6.1 T	TILE		TREASURA.	A \ 10		Change	☐ Addition
1					*	į	- 2 - 2 Val. 1				
NAME	SETARAM, KESHAV			6.2 N	AME		STONEN WEND 2041 SW 10	-CC1-	1 00 .	. 1 1	

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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. CITY-ST-ZIP

SIGNATURE:

954.452 0386