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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737376

1. Corporation Name
FLORIDA AQUATIC PLANT MANAGEMENT SOCIETY, INCORP ORATED

Principal Place of Business	Mailing Address
2002 E MICHIGAN ST ORLANDO FL 32806 US	PO BOX 560700 ORLANDO FL 32856 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
11/24/1976

4. FEI Number
59-2108135
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KESHAV V SETARAM
2002 E MICHIGAN ST
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name STEVEN WEINSIER
82 Street Address (P.O. Box Number is Not Acceptable) 2041 SW 70 AVE / BLDG - D/11
83
84 City DAVIE FL 85 Zip Code 33317

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 STEVEN WEINSIER / TREASURER 1/15/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P FRANCOIS LAROCHE 3301 GUN CLUB RD WEST PALM BCH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BREWER, JIM P O BOX 6006 VERO BCH FL 32961	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS EDWARD 5882 S-SEMORAN BLVD ORLANDO FL	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	JEFF SCHARDT DIR. 2051 EAST DIRAC DRIVE TALLAHASSEE, FL 32310	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROGERS, JOHN 8302 LAUREL FAIR CIR TAMPA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUDLOW, JUDY 2051 E DIRAC DR TALLAHASSEE FL 32310	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SETARAM, KESHAV 2002 E. MICHIGAN STREET ORLANDO FL	☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	TREASURER STEVEN WEINSIER 2041 SW 70 AVE BLDG D.11 DAVIE FLORIDA 33317-7326	☐ Change ☐ Addition

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 TREASURER 1/15/99 954.452.0386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #