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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 745925 1. Corporation Name BUSINESS IMPROVEMENT COUNCIL OF COCOA BEACH, INC		
Principal Place of Business BOX 320303 COCOA BEACH FL 32932 US	Mailing Address BOX 320303 COCOA BEACH FL 32932 US	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/13/1979
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2128290
City & State	City & State	Applied For -
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	29
30	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

MOODY, DON 291 W COCOA BEACH CSWY COCOA BEACH, FL 32931		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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]* DATE: 1/4/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOODY, DON	1.2 NAME	
STREET ADDRESS	291 W COCOA BCH CSWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYMAN, BOB	2.2 NAME	
STREET ADDRESS	51 N ORLANDO AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONGIELLO, JOAN	3.2 NAME	
STREET ADDRESS	3 S ATLANTIC AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH FL 32931	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMITT, CLIFF	4.2 NAME	
STREET ADDRESS	10 FRANCIS ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH FL 32931	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, L GEORGE	5.2 NAME	
STREET ADDRESS	1485 N ATLANTIC AVE, SUITE 112	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH FL 32931	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	CHUCK TALBOT
STREET ADDRESS		6.3 STREET ADDRESS	336 TAFT AVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	COCOA BEACH, FL 32931

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]* DATE: 1/4/99 DAYTIME PHONE #: 407-784-6502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)