

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90007 038 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747488

1. Corporation Name
CENTRAL FLORIDA SOCIETY OF ASSOCIATION EXECUTIVE S, INC.

Principal Place of Business 4421 GILPIN WAY ORLANDO FL 32812 US	Mailing Address P O BOX 560467 ORLANDO FL 32856 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/04/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1880365
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <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	
MEAD, LONDRA H 4421 GILPIN WAY ORLANDO FL 32812		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: *Londra H. Mead* DATE: 9/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	Director D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARA, PEGGY	1.2 NAME	Peggy Lara
STREET ADDRESS	4162 EDGEWATER DRIVE	1.3 STREET ADDRESS	4162 Edgewater Dr.
CITY-ST-ZIP	ORLANDO FL 32804	1.4 CITY-ST-ZIP	Orlando, FL 32804
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	Vice President D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, BELTON III	2.2 NAME	Catherine McCaskill
STREET ADDRESS	621 E CENTRAL BLVD	2.3 STREET ADDRESS	7025 Augusta National Dr.
CITY-ST-ZIP	ORLANDO FL 32801	2.4 CITY-ST-ZIP	Orlando, FL 32822
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice President D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDNER, CAROLYN	3.2 NAME	Catherine McCaskill
STREET ADDRESS	7025 AUGUSTA NATIONAL DR	3.3 STREET ADDRESS	7025 Augusta National Dr.
CITY-ST-ZIP	ORLANDO FL 32822	3.4 CITY-ST-ZIP	Orlando, FL 32822
TITLE	EVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEAD, LONDRA H	4.2 NAME	
STREET ADDRESS	4421 GILPIN WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Treasurer D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALADECKI, RICHARD	5.2 NAME	Richard Maladecki
STREET ADDRESS	7208 SAND LAKE RD STE 205	5.3 STREET ADDRESS	7380 Sand Lake Rd. Ste.135
CITY-ST-ZIP	ORLANDO FL 32819	5.4 CITY-ST-ZIP	Orlando, FL 32819
TITLE	PED <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUPP, LYNN	6.2 NAME	
STREET ADDRESS	222 S WESTMONTE DR STE 205	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	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: *Katherine Harris* DATE: 9/15/99 DAYTIME PHONE # 407-275-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)