


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **747738** (3)  
1. Corporation Name  
**THE FLORIDA ASSOCIATION OF OCCUPATIONAL LICENSING OFFICIALS, INC., (FAOLO),**



Principal Place of Business <b>100 NW 1ST AVENUE DELRAY BEACH FL 33444 US</b>		Mailing Address <b>100 NW 1ST AVENUE DELRAY BEACH FL 33444-2612 US</b>	
2. Principal Place of Business <b>21 100 N. W. 1st Ave.</b> Suite, Apt. #, etc. <b>22</b>		2a. Mailing Address <b>26 100 N.W. 1st Ave.</b> Suite, Apt. #, etc. <b>27</b>	
City & State <b>23 Delray Beach, FL</b>		City & State <b>28 Delray Beach, FL</b>	
Zip <b>24 33444</b>	Country <b>25</b>	Zip <b>29 33444</b>	Country <b>30</b>
3. Date Incorporated or Qualified <b>06/20/1979</b>		3a. Date of Last Report <b>02/12/1996</b>	
4. FEI Number <b>59-1922100</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>DESORMEAU, JOYCE 121 N.E. 16TH STREET DELRAY BEACH FL 33444</b>		10. Name and Address of New Registered Agent	
<b>81</b> Name			
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)			
<b>83</b>			
<b>84</b> City		<b>FL</b>	<b>85</b> 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	P D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAGRAVES, HARRY</b>	1.2 NAME	<b>Ann Barnes</b>
STREET ADDRESS	<b>210 MILITARY TRAIL</b>	1.3 STREET ADDRESS	<b>524 N.E. 21st Court</b>
CITY-ST-ZIP	<b>JUPITER FL</b>	1.4 CITY-ST-ZIP	<b>Wilton Manors, FL 33305</b>
TITLE	VP D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARNES, ANN</b>	2.2 NAME	<b>Carol Hill</b>
STREET ADDRESS	<b>524 NE 1ST COURT</b>	2.3 STREET ADDRESS	<b>501 Bay Isles Rd.</b>
CITY-ST-ZIP	<b>WILTON MANORS FL</b>	2.4 CITY-ST-ZIP	<b>Longboat Key, FL 34228</b>
TITLE	D D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COX, STEPHEN E.</b>	3.2 NAME	<b>Bryant Robinson</b>
STREET ADDRESS	<b>228 S. MASSACHUSETTS AVE</b>	3.3 STREET ADDRESS	<b>400 S. Orange Ave.</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	3.4 CITY-ST-ZIP	<b>Orlando, FL 32801</b>
TITLE	SD D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DESORMEAU, JOYCE A.</b>	4.2 NAME	
STREET ADDRESS	<b>100 N.W. 1ST AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY FL</b>	4.4 CITY-ST-ZIP	
TITLE	TD D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKER, JAMES</b>	5.2 NAME	
STREET ADDRESS	<b>400 SO. ORANGE AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	5.4 CITY-ST-ZIP	
TITLE	D D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOEBEL, JANICE</b>	6.2 NAME	<b>Darrell Thompson</b>
STREET ADDRESS	<b>225 NEWBURYPORT AVE.</b>	6.3 STREET ADDRESS	<b>300 S. Adams St.</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	6.4 CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>

14. I do 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97 (561) 243-7205  
Date Daytime Phone # 0043130

CR2E037 (9/96)