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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757797

1. Corporation Name
SUNSET STRIP AIRPARK PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business BUDOVSKY, RUBY 7626 SW 9TH STREET OKEECHOBEE FL 34974 US	Mailing Address Otto Striebel, Jr. 6583 SW 13 ST. Okeechobee, FL. 34974 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/30/1981	4. FEI Number 65-0174105 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent BUDOVSKY, RUBY 7626 S.W. 9TH ST. OKEECHOBEE FL 34974	Jessie Striebel 6583 SW 13 St. Okeechobee, FL. 34974	10. Name and Address of New Registered Agent 81 Name Jessie Striebel 82 Street Address (P.O. Box Number is Not Acceptable) 6583 SW 13 St. 83 84 City Okeechobee FL 85 Zip Code 34974
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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 Jessie W. Striebel ST (NOTE: Registered Agent signature required when reinstating) DATE 01-22-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALDSON, LOAL	1.2 NAME	Otto Striebel, Jr.
STREET ADDRESS	6681 S.W. 13TH ST.	1.3 STREET ADDRESS	6583 SW 13 St.
CITY-ST-ZIP	OKEECHOBEE FL	1.4 CITY-ST-ZIP	Okeechobee, FL. 34974
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRIEBEL, OTTO	2.2 NAME	Daniel Clements
STREET ADDRESS	PO BOX 128	2.3 STREET ADDRESS	6680 SW 13 St.
CITY-ST-ZIP	OKEECHOBEE FL 34973	2.4 CITY-ST-ZIP	Okeechobee, FL. 34974
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDOVSKY, RUBY	3.2 NAME	Loal Donaldson
STREET ADDRESS	7626 SW 9TH ST.	3.3 STREET ADDRESS	6681 SW 13 St.
CITY-ST-ZIP	OKEECHOBEE FL 34974	3.4 CITY-ST-ZIP	Okeechobee, FL. 34974
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORONA, NANO	4.2 NAME	Dewey Daniel
STREET ADDRESS	688 S.W. 13TH ST.	4.3 STREET ADDRESS	7589 SW 13 St.
CITY-ST-ZIP	OKEECHOBEE FL	4.4 CITY-ST-ZIP	Okeechobee, FL. 34974
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEMENTS, DANIEL	5.2 NAME	Joseph Fiorenza
STREET ADDRESS	6680 S.W. 13TH ST.	5.3 STREET ADDRESS	7984 SW 13 St.
CITY-ST-ZIP	OKEECHOBEE FL	5.4 CITY-ST-ZIP	Okeechobee, FL. 34974
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARNIS, SANFORD	6.2 NAME	Jessie Striebel
STREET ADDRESS	6740 SW 9TH STREET	6.3 STREET ADDRESS	6583 SW 13 St.
CITY-ST-ZIP	OKEECHOBEE FL 34974	6.4 CITY-ST-ZIP	Okeechobee, FL. 34974

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] (NOTE: SIGNATURE REQUIRED) DATE: 01-22-99 941)763-6266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)