


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 828680 (9)					
1. Corporation Name VOA ASSOCIATES INCORPORATED					
Principal Place of Business 200 S. ORANGE AVE SUITE 1300 ORLANDO FL 32801 US			Mailing Address 200 S. ORANGE AVE SUITE 1300 ORLANDO FL 32801 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/1972	
21		26		4. FEI Number 36-2674078	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29	
9. Name and Address of Current Registered Agent VAN STEENLANDT, MARC A 200 SOUTH ORANGE AVENUE, SUITE 1300 ORLANDO FL 32801			10. Name and Address of New Registered Agent		
			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 607.0502 and 607.1508, 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 607.0505, 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	CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VICKREY, WILMONT		1.2 NAME		
STREET ADDRESS	224 S. MICHIGAN AVE., #1400		1.3 STREET ADDRESS		
CITY - ST - ZIP	CHICAGO IL 60604		1.4 CITY - ST - ZIP		
TITLE	PTD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOOLIS, M.A.		2.2 NAME		
STREET ADDRESS	224 S. MICHIGAN AVE., #1400		2.3 STREET ADDRESS		
CITY - ST - ZIP	CHICAGO IL 60604		2.4 CITY - ST - ZIP		
TITLE	VM	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN STEENLANDT, MARC A		3.2 NAME		
STREET ADDRESS	200 S. ORANGE AVE., #1300		3.3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL 32801		3.4 CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERY, THEODORE		4.2 NAME		
STREET ADDRESS	200 S. ORANGE AVE., #1300		4.3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL 32801		4.4 CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADFORD, WILLIAM S.		5.2 NAME		
STREET ADDRESS	224 S. MICHIGAN AVE., #1400		5.3 STREET ADDRESS		
CITY - ST - ZIP	CHICAGO IL 60604		5.4 CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PECK, CALVIN H		6.2 NAME		
STREET ADDRESS	200 S. ORANGE AVE., #1300		6.3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL 32801		6.4 CITY - ST - ZIP		



DO NOT WRITE IN THIS SPACE

SIGNATURE:

[Handwritten Signature] MARC A. VAN STEENLANDT 407-425-2500

CR2E034 (10/97)