


**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90012 028 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
--	---	---

**DOCUMENT # 828680**

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21		26		09/20/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		36-2674078	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29	
25		30			

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	CALVIN H. PECK
82 Street Address (P.O. Box Number is Not Acceptable)	200 S. SOUTH ORANGE AVENUE, SUITE 1300
83	
84 City	ORLANDO
85 Zip Code	FL 32801

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

CALVIN H. PECK, PRINCIPAL

5.3.99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD <input type="checkbox"/> DELETE NAME VICKREY, WILMONT STREET ADDRESS 224 S. MICHIGAN AVE., #1400 CITY-ST-ZIP CHICAGO IL 60604		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE PTD <input type="checkbox"/> DELETE NAME TOOLIS, M.A. STREET ADDRESS 224 S. MICHIGAN AVE., #1400 CITY-ST-ZIP CHICAGO IL 60604		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE VM <input checked="" type="checkbox"/> DELETE NAME VAN STEENLANDT, MARC A STREET ADDRESS 200 S. ORANGE AVE., #1300 CITY-ST-ZIP ORLANDO FL 32801		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE VB <input type="checkbox"/> DELETE NAME FERY, THEODORE STREET ADDRESS 200 S. ORANGE AVE., #1300 CITY-ST-ZIP ORLANDO FL 32801		4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE S <input type="checkbox"/> DELETE NAME BRADFORD, WILLIAM S. STREET ADDRESS 224 S. MICHIGAN AVE., #1400 CITY-ST-ZIP CHICAGO IL 60604		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE VD <input type="checkbox"/> DELETE NAME PECK, CALVIN H STREET ADDRESS 200 S. ORANGE AVE., #1300 CITY-ST-ZIP ORLANDO FL 32801		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

407-425-2500

Date

Daytime Phone #

CR2E034 (11/98)