

FILE NOW: FILING FEE IS \$61.25

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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06916** (3)
1. Corporation Name
NATIONAL ASSOCIATION OF OWNER-OPERATORS, INC.



Principal Place of Business C/O EDMUND B. CAMPBELL, JR. 206 HARBOR DR. SUITE B VENICE FL 34285		Mailing Address C/O EDMUND B. CAMPBELL, JR. 206 HARBOR DR. SUITE B VENICE FL 34285		3. Date Incorporated or Qualified 12/31/1984	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		4. FEI Number 59-2693578 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		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. Name and Address of Current Registered Agent CAMPBELL, EDMUND B., III 442 WESTGATE DR VENICE FL 34285			
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					

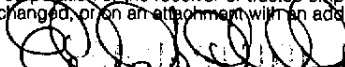
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	CAMPBELL, EDMUND B., JR.	1.2 NAME	
STREET ADDRESS	951 INLET CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	Vice President - Secretary - Treasurer
NAME	CAMPBELL, EDMUND B., III	2.2 NAME	D
STREET ADDRESS	442 WESTGATE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	MCLEOD, J. DONALD	3.2 NAME	
STREET ADDRESS	287 CLOVERLY	3.3 STREET ADDRESS	
CITY-ST-ZIP	GROSSE POINT FARM MI	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	Donna Fortuna
STREET ADDRESS		4.3 STREET ADDRESS	1225 Oakview Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: _____

 EDMUND B. CAMPBELL, JR.

2/12/98

CR2E037 (10/97)