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May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N09538** (2)

1. Corporation Name

COMMITTEE ON LIMITING TERMS LOBBY, INC.



Principal Place of Business	Mailing Address
600 THISTLEWOOD COURT LONGWOOD FL 32779	600 THISTLEWOOD COURT LONGWOOD FL 32779

3. Date Incorporated or Qualified	05/29/1985
4. FEI Number	59-2556491
Applied For	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Not Applicable	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$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
DEWOLF, THOMAS B 111 N ORANGE AVE STE 2000 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
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	SD
NAME	MCCOLLUM, BILL	1.2 NAME	Fowler, Tillie
STREET ADDRESS	600 THISTLEWOOD CT	1.3 STREET ADDRESS	109 Canon HOB
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	Washington, DC
TITLE	D	2.1 TITLE	D
NAME	SMITH, DENNY	2.2 NAME	Gillmor, Paul
STREET ADDRESS	3541 EL DORADO LOOPS	2.3 STREET ADDRESS	1203 Longworth HOB
CITY-ST-ZIP	SALEM OR	2.4 CITY-ST-ZIP	Washington, DC 20515
TITLE	DS	3.1 TITLE	TD
NAME	HANSEN, JAMES V	3.2 NAME	
STREET ADDRESS	2466 RAYBURN HOUSE OFFICE BLDG.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D
NAME	KEENE, DAVID	4.2 NAME	Lightfoot, James
STREET ADDRESS	919 PRINCE ST	4.3 STREET ADDRESS	Rural Route 2, Box 225 B
CITY-ST-ZIP	ALEXANDRIA VA	4.4 CITY-ST-ZIP	Shenendouh, IO
TITLE	D	5.1 TITLE	
NAME	CAMPAIGNE, JAMESON	5.2 NAME	
STREET ADDRESS	722 COLUMBUS ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	OTTAWA IL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	DEVINE, DONALD	6.2 NAME	
STREET ADDRESS	1301 CONNECTICUT AVE., N.W., #400	6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON D.	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: _____ DATE: May 12, 1998 212-225-2171

CR2E037 (10/97)