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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N25377 (5) 1. Corporation Name DOWNTOWN ORLANDO CHAPTER #4149 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.			
Principal Place of Business % WM. H. EINSIEDEL, JR. 1815 E. KALEY AVENUE ORLANDO FL 32806		Mailing Address % WM. H. EINSIEDEL, JR. 1815 E. KALEY AVENUE ORLANDO FL 32806-3143	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 4527 Brandeis Avenue 27 Suite, Apt. #, etc. 28 Orlando, FL 29 Zip 32839 Country USA 30	
3. Date Incorporated or Qualified 03/14/1988		3a. Date of Last Report 02/05/1996	
4. FEI Number 33-0214355		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	
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent EINSIEDEL, WM. H JR 1815 E. KALEY AVENUE ORLANDO FL 32806		10. Name and Address of New Registered Agent 81 Name F.J. Peterka 82 Street Address (P.O. Box Number Is Not Acceptable) 4527 Brandeis Avenue 83 84 City Orlando FL 85 Zip Code 32839	
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 <i>F.J. Peterka</i> 26 APR 97 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 D <input checked="" type="checkbox"/> DELETE NAME EINSIDEL, WM H STREET ADDRESS 1815 E. KALEY AVENUE CITY-ST-ZIP ORLANDO FL 32806	1.1 TITLE F.J. Peterka <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME & President 1.3 STREET ADDRESS 4527 Brandeis Avenue 1.4 CITY-ST-ZIP Orlando, FL 32839-1469	2.1 TITLE Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Albert E. Coker 2.3 STREET ADDRESS 5400 Inca Avenue 2.4 CITY-ST-ZIP Orlando, FL 32807	
TITLE V <input checked="" type="checkbox"/> DELETE NAME PETERKA, F. J. STREET ADDRESS 452 BRANDEIS AVENUE CITY-ST-ZIP ORLANDO FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	4.1 TITLE <input 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 BALDWIN, DOROTHY STREET ADDRESS 1851 GREEN MEADOW LANE CITY-ST-ZIP ORLANDO FL 32825	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME Director 5.3 STREET ADDRESS O.P. Hood 5.4 CITY-ST-ZIP 3251 Kew Garden Lane Orlando, FL 32812-6659	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME Director 6.3 STREET ADDRESS S. Martino 6.4 CITY-ST-ZIP 7121 Sugarbush Street Orlando, FL 32822	
TITLE T <input type="checkbox"/> DELETE NAME BALDWIN, MILES S STREET ADDRESS 1851 GREEN MEADOW LANE CITY-ST-ZIP ORLANDO FL 32825	14. I do 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, upon an attachment with an address.		
TITLE D <input checked="" type="checkbox"/> DELETE NAME CRAWFORD, GEORGE C STREET ADDRESS 3210 ALBERT DRIVE CITY-ST-ZIP ORLANDO FL 32806	SIGNATURE: <i>F.J. Peterka</i> 26 APR 97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0016742		
TITLE D <input checked="" type="checkbox"/> DELETE NAME FURGINSON, RUBY STREET ADDRESS 1125 AYSHIRE STREET CITY-ST-ZIP ORLANDO FL 32803			

CR2E037 (9/96)