


FILE NOW: FILING FEE IS \$61.25

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Apr 19, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Haxgis Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28014

1. Corporation Name

ASSOCIATION OF WORKING PEOPLE, INC. SUITE 1801
8215 62ND CT. EAST SARASOTA, FL 34243

Principal Place of Business

1540 GLEN OAKS DR
128 B
SARASOTA FL 34232
US

Mailing Address

1540 GLEN OAKS DR
128 B
SARASOTA FL 34232
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 8215 62ND CT. EAST	26 SAME	08/23/1988
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 1801	27 1801	59-2906730
City & State	City & State	Applied For
23 SARASOTA FL	28 Same	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 34243	29 34243	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country	Country	
25 USA	30 USA	

9. Name and Address of Current Registered Agent

JOHNSON, KEITH #1801
8215 62ND STREET COURT E
SARASOTA FL 34243

Phone 800-253-6838

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signatures required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANONICH, SHELLOY #1801	1.2 NAME	
STREET ADDRESS	8215 62ND ST COURT EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, KEITH #1801	2.2 NAME	
STREET ADDRESS	8215 62ND STREET COURT EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNONICH, HANNAH #1801	3.2 NAME	
STREET ADDRESS	8215 62ND STREET COURT EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director
Date
Daytime Phone #

SHELLOY ANONICH, Pres. 3-27-99 941-359-3225

CR2037-11/081