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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28939

1. Corporation Name
FLORIDA WEST COAST REGION AACA, INC.

Principal Place of Business 7400 BAY ST. NE ST. PETERSBURG FL 33702 US	Mailing Address 7400 BAY ST. NE ST. PETERSBURG FL 33702 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/20/1988	4. FEI Number 59-2682346 Applied For <input checked="" type="checkbox"/> 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
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9. Name and Address of Current Registered Agent BROWN, FRANK J. 7400 BAY ST. NE ST. PETERSBURG FL 33702	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
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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: Frank J Brown **FRANK J BROWN** P **JAN 24 1999**
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: P <input type="checkbox"/> DELETE	NAME: BROWN, FRANK J.	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 7500 BAY ST. NE.	CITY-ST-ZIP: ST. PETERSBURG FL 33702	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: T <input checked="" type="checkbox"/> DELETE	NAME: MILLS II, BILL	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 7929 98TH ST N	CITY-ST-ZIP: SEMINOLE FL	2.2 NAME: Mills Beverly	
		2.3 STREET ADDRESS: 7929 98th St N.	
		2.4 CITY-ST-ZIP: SEMINOLE FLA	
TITLE: S <input checked="" type="checkbox"/> DELETE	NAME: WOOLRIDGE, DEBRA	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 2871 BELCHER RD	CITY-ST-ZIP: PALM HARBOR FL	3.2 NAME: Houff Jim	
		3.3 STREET ADDRESS: 10023 109th St N.	
		3.4 CITY-ST-ZIP: SEMINOLE FLA	
TITLE: V <input type="checkbox"/> DELETE	NAME: BLACKARD, LOIS	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 14968 IMPERIAL POINT DRIVE	CITY-ST-ZIP: LARGO FL 34644	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: GOLDFOOT, ARNOLD	5.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 474 40TH AVE N	CITY-ST-ZIP: ST PETERSBURG FL	5.2 NAME: Yourchisin David	
		5.3 STREET ADDRESS: 5380 14 Ave N.	
		5.4 CITY-ST-ZIP: ST PETERSBURG FLA	
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: GOODALL, JOE	6.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 5650 97TH WAY N	CITY-ST-ZIP: ST PETERSBURG FL	6.2 NAME: Brookover Tom	
		6.3 STREET ADDRESS: 32348 CAROLINA PATH	
		6.4 CITY-ST-ZIP: DADE CITY FLA	

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: Frank J Brown **FRANK J BROWN** **JAN 24 1999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)