

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

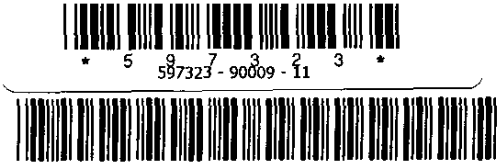
07-28-1999 90009 011 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41533**

1. Corporation Name  
**YPO FORTY-NINERS OF FLORIDA, INC.**

Principal Place of Business % LANCE RINGHAVER P.O. BOX 30169 TAMPA FL 33630	Mailing Address % LANCE RINGHAVER P.O. BOX 30169 TAMPA FL 33630
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. 125 Worth Avenue, #100 23. City & State Palm Beach, Florida 24. Zip 33480 25. Country USA	2a. Mailing Address 26. c/o H. Loy Anderson, Jr. 27. Suite, Apt. #, etc. 125 Worth Avenue, #100 28. City & State Palm Beach, Florida 29. Zip 33480 30. Country USA	3. Date Incorporated or Qualified 01/04/1991	4. FEI Number 59-3109865 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
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9. Name and Address of Current Registered Agent KRUSEN, WILLIAM A 3110 AGAWAM ST. TAMPA FL 33629	10. Name and Address of New Registered Agent 81. Name H. Loy Anderson, Jr. 82. Street Address (P.O. Box Number is Not Acceptable) 125 Worth Avenue, Suite 100 83. 84. City Palm Beach 85. Zip Code FL 33480
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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 \_\_\_\_\_ DATE 7-19-99

Signature, by either printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME KRUSEN, W A	1.1 TITLE D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME Joel L. Altman
STREET ADDRESS 3110 AGAWAM ST.	CITY-ST-ZIP TAMPA FL	1.3 STREET ADDRESS 2201 Corporate Blvd. NW, #200	1.4 CITY-ST-ZIP Boca Raton, FL. 33431
TITLE D <input type="checkbox"/> DELETE	NAME ALPERT, BARRY M	2.1 TITLE D/Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME
STREET ADDRESS 14123 85TH AVE., N.	CITY-ST-ZIP N REDINGTON BEACH FL	2.3 STREET ADDRESS 239 Bath Club Blvd. N	2.4 CITY-ST-ZIP N. Redington Beach, FL. 33708
TITLE D <input type="checkbox"/> DELETE	NAME WHITCOMB, STANLEY P	3.1 TITLE	3.2 NAME
STREET ADDRESS 5133 CASTELLO DR. #1	CITY-ST-ZIP NAPLES FL 34103	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE D <input checked="" type="checkbox"/> DELETE	NAME RINGHAVER, LANCE	4.1 TITLE D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME R. Kirk Landon/Amer. Bankers Ins.
STREET ADDRESS 9797 GIBSONTON DR	CITY-ST-ZIP RIVERVIEW FL	4.3 STREET ADDRESS 11222 Quail Roost Drive	4.4 CITY-ST-ZIP Miami, FL. 33157
TITLE D <input type="checkbox"/> DELETE	NAME ANDERSON, LOY	5.1 TITLE Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
STREET ADDRESS 125 WORTH AVE.	CITY-ST-ZIP PALM BEACH FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	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 \_\_\_\_\_ DATE 7-19-99 DAYTIME PHONE # 561-653-5560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)