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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46351

1. Corporation Name

CENTER PORT BUSINESS PARK OWNERS ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
1350 N.E. 56TH ST. FT. LAUDERDALE FL 33334	1350 N.E. 56TH ST. FT. LAUDERDALE FL 33334

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/06/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0384705 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ABDO, JOHN E 1350 N.E. 56TH ST. FT.LAUDERALE FL 33334	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 _____ DATE
Signature, typed or 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ABDO, JOHN E		1.2 NAME		
STREET ADDRESS	1350 N.E. 56TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33334		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ABDO, FRANK J		2.2 NAME		
STREET ADDRESS	1350 N.E. 56TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33334		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DUNN, ALEXANDER M		3.2 NAME		
STREET ADDRESS	1350 N.E. 56TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33334		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME			4.2 NAME	SETH WISE	
STREET ADDRESS			4.3 STREET ADDRESS	1350 NE 56 ST.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	03-02-99 90087 050 $61.25	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	3/22	
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 1/6/98 (954) 491-2191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)