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Mar 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000004 (1)**

1. Corporation Name

**BUILDING G OF A PORTION OF LOT 2 OF METROCORP CE
NTER ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
4121 NW 37TH PLACE SUITE A GAINESVILLE FL 32606 US	5800 N.W. 39TH AVE. STE. 101 GAINESVILLE FL 32606 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

3. Date Incorporated or Qualified	01/03/1994
4. FEI Number	59-3344548
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
ROBINSON, THOMAS A 5800 N.W. 39TH AVE. STE. 101 GAINESVILLE FL 32606

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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]* DATE *3/10/98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	ROBINSON, THOMAS A	1.2 NAME	MACLEOD, DEBORAH
STREET ADDRESS	5800 N.W. 39TH AVE., STE. 101	1.3 STREET ADDRESS	5800 NW 39TH AVE STE 104
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	GAINESVILLE FL 32606
TITLE	VD	2.1 TITLE	VD
NAME	MACLEOD, DEBORAH	2.2 NAME	Dawson, Albert
STREET ADDRESS	5800 N.W. 39TH AVE., STE. 104	2.3 STREET ADDRESS	4121 NW 37th Place, Suite A
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	STD	3.1 TITLE	STD
NAME	SHORE, FREDRIC R	3.2 NAME	JOHN MARTIN
STREET ADDRESS	5800 N.W. 39TH AVE., STE. 101	3.3 STREET ADDRESS	5800 NW 39TH AVE STE 104
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	GAINESVILLE FL 32606
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: *[Signature]* DATE: *3.10.98*

CR2E037 (10/97)