


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 15, 1999 8:00am
Secretary of State

02-15-1999 90042 020 *****61.25

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

DOCUMENT # **N94000000004**

1. Corporation Name

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

Principal Place of Business

**4121 NW 37TH PLACE
SUITE A
GAINESVILLE FL 32606
US**

Mailing Address

**5800 N.W. 39TH AVE.
SUITE 104
GAINESVILLE FL 32606
US**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/03/1994
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3344548
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution <input type="checkbox"/>

**MARTI, JOHN
5800 N.W. 39TH AVE.
SUITE 104
GAINESVILLE FL 32606**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	MACLEOD, DEBORAH		
STREET ADDRESS	5800 NW 39TH AVE STE 104	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
VD	DAVIDSON, ALBERT		
STREET ADDRESS	4121 NW 37TH PLACE, SUITE A	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
STD	MARTIE, JOHN		
STREET ADDRESS	5800 NW 39TH AVE STE 104	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	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 #

1/12/98 352 331-7768

0011395

CR2E037 (11/98)