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Secretary of State

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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 # N94000002285

1. Corporation Name

THE MOSTLY POPS ORCHESTRA OF FLORIDA, INC.

Principal Place of Business

 502 DEBBIE JOY PLACE
 BRANDON FL 33511-5818
 US

Mailing Address

 502 DEBBIE JOY PLACE
 BRANDON FL 33511-5818
 US


* 6 8 5 3 2 3 - 90005 - 20 3 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/04/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3259861	
24 Country		29 Country		Applied For	
				Not Applicable	
				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	

9. Name and Address of Current Registered Agent

 MCCALL, MAUDINE D.
 502 DEBBIE JOY PLACE
 BRANDON FL 33511

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

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	D	1.1 TITLE D	D
NAME	DEVINE, ROSE	1.2 NAME	Aaron, Jo
STREET ADDRESS	13009 CREEK MANOR CT	1.3 STREET ADDRESS	1806 St. Cloud
CITY-ST-ZIP	RIVERVIEW FL	1.4 CITY-ST-ZIP	Valrico, FL 33594
TITLE	D	2.1 TITLE	Maudine D. McCall
NAME	MCCALL, DEANNY	2.2 NAME	
STREET ADDRESS	502 DEBBIE JOY PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	WHITAKER, JIM	3.2 NAME	
STREET ADDRESS	1009 HASTINGS COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	Aaron, Jo	4.2 NAME	
STREET ADDRESS	1806 St. Cloud	4.3 STREET ADDRESS	
CITY-ST-ZIP	Valrico, FL 33594	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

7/12/99 8136812794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)