FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT .



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, -Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

N95000005097 (9)

1-4 ASSOCIATION, INC.

Principal	Place of	Business	

Mailing Address

255 SO. ORANGE AVENUE STE 800 ORLANDO FL 32801

255 SO. ORANGE AVENUE STE 800 ORLANDO FL 32801



							3. Date Incorporated or Qualified 10/27/1995	3a. Date of Last Report				
<u> </u>		0- 11-7 4-1					4. FEI Number		1 1	policed For		
2. Principal Pla	ace of Business	⊢ ,	2a. Mailing Address			l	59-3347833			Applied For		
21 26							39-3347633			Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		City & State					6. Election Campaign Financing			\$5.00 May Be		
23	3 28						Trust Fund Contribution			Added to Fees		
Zip	Country	<u> </u>	Zip Country				8. This corporation has liability for intangible tax under s. 199.032,					
24 25 29 30						Florida Statutes Yes No 10. Name and Address of New Registered Agent						
	9. Name and Address of Curre	nt Registered Agent					10. Name and Address of New Reg	istered Ag	ent			
Smith, w K				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)								
												255 SO.
ORLANDO FL 32801				83								
•				84	City			FL	85 Zip	Code		
11. Pursuant t	o the provisions of Sections 617.050	2 and 617.1508. Florida St	atutes, the ab	DVe-r	named co	rporati	on submits this statement for the purpo	se of chang	ing its re	egistered office		
or register	ed agent, or both, in the State of Flor	ida. Such change was auth	orized by the	corp	oration's l	board	of directors. I hereby accept the appoint	ment as re	gistered	agent. I am		
▼ familiar wit	th, and accept the obligations of, Sec	ation 617.0503, Florida Stat	utes.									
SIGNATURE	Signature, typed or printed name of registered age	at and title if anyther blo	(NOTE: Registere	d Age	nt cionati vo na	acuired u	hen reine ating	DATE				
12.		ND DIRECTORS	13		i. signa.ore re	oquires vi	ADDITIONS/CHANGES TO OFFICE		IRECTO	RS IN 12		
TITLE	D	DELETE		ITLE	T	Pr	esident		Change	K Addition		
				NAME		Mayor Glenda E. Hood						
Man DATOTICON, DION					, LDDDCAA	400 S. Orange Avenue						
Edi od: divide file ide					r address							
CITY-ST-ZIP	ORLANDO FL 32801				ST-ZIP		lando, FL 32801		Change	K Addition		
TITLE	•	D DELETE 2.1				vice riesident — • —						
NAME	BATES, DUDLEY			NAME			mes L. Harris					
STREET ADDRESS	225 NEWBURYPORT AVE. 23			STREE	ADDRESS 6817 Westwood Blvd							
CITY-ST-ZIP	THE PROPERTY OF THE CONTRACT O				Orlando, FL 32821				Change			
TITLE	D									★ Addition		
NAME	BEDINGFIELD, JEFF		3.21	AME		W. Kelly Smith						
STREET ADDRESS				STREE	T ADDRESS	255 S. Orange Avenue, Suite 800						
CITY-ST-ZIP	ORLANDO FL 32819	ORLANDO FL 32819 34			\$1-ZIP	Orlando, FL 32801				(C) Address		
TITLE	D	DELETE	4.1	TITLE			easurer	L	Change	X Addition		
NAME	BLACK, MICHAEL D	ACK, MICHAEL D		NAME		Trevor Hall, Jr.						
STREET ADDRESS	6200 INTERNATIONAL DRIV			STREE	t address	255 S. Orange Avenue				ļ		
CITY-ST-ZIP	ORLANDO FL 32819-8239		4.4	CITY-:	ST-ZIP .	Or	lando, FL 32801					
TITLE	D	☐ DELETE 5.1					1 DDDD 1 75.2 7 61 -03/21/9601026012					
NAME	BREAUX, ROBERT 52			5 2 NAME			- <u>0372179601026</u> 0			l		
STREET ADDRESS				STREE	T ADDRESS		***70.00					
CITY-ST-ZIP	MAITLAND FL 32751		5.4 0									
TITLE	D	DELETE	6.1	TITLE					Change	☐ Addition		
NAME	BREWER, GARY		6.2	NAME								
STREET ADDRESS	401 PARK AVENUE		6.3	STREE	T ADDRESS							
					ST-ZIP					j		
14. Lide basely codificated the information supplied with this filling is voluntarily furnished						atify for	the exemption stated in Section 119.07	(3)(k) Florid	da Statul	es I further		

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 manged, if an an attachment with an address.

CR2E037 (12/95)