

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90105 001 ****61.25

DOCUMENT # N96000001849

1. Corporation Name

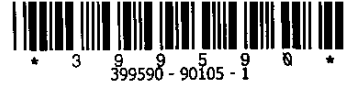
FLORIDA ASSOCIATION OF CADASTRAL MAPPERS, INC.

Principal Place of Business

6416 - 9TH ST. NORTH
ST. PETERSBURG FL 33702

Mailing Address

P O BOX 4711
SEMINOLE FL 33775-4711
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/05/1996

4. FEI Number

59-2760532

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DEANE, WILLIAM W
1597 62ND AVE NO
ST. PETERSBURG FL 33702

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

TITLE	P	DELETE
NAME	NESPOR, DARLENE	
STREET ADDRESS	6051 OLD BAGDAD HWY	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	VP	DELETE
NAME	CANTER, THOMAS	
STREET ADDRESS	3404 ARGONAUT CT	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	S	DELETE
NAME	FRYE, DELORES K	
STREET ADDRESS	120 ARLINGTON CT. CHARLOTTE CO P/A	
CITY-ST-ZIP	PORT CHARLOTTE FL 33962	
TITLE	T	DELETE
NAME	WELBY, KATHRYN	
STREET ADDRESS	315 COURT ST. PINELLAS CO P/A	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	DELETE
NAME	MAASCH, JEFF	
STREET ADDRESS	1840 25TH ST. INDIAN RIVER CO P/A	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	D	DELETE
NAME	GAY, KEITH B	
STREET ADDRESS	115 S ANDREWS AVE. ROOM 111	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99 (407) 836-5376

CR2E037 (1/98)