


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90009 035 ****61.50

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003913

1. Corporation Name

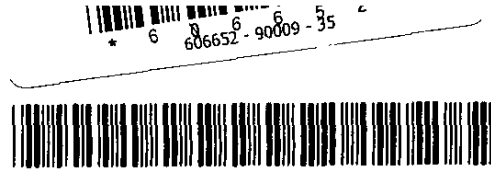
FLORIDA MAIN STREET ASSOCIATION, INC.

Principal Place of Business

824 ELM FOREST DR.
CLERMONT FL 34711

Mailing Address

824 ELM FOREST DR.
CLERMONT FL 34711



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/26/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3393234	
Country		Country		Applied For	
24		30		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

SLEVIN, KAREN
824 ELM FOREST DR.
CLERMONT FL 34711

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

Karen Slevin *Karen Slevin*

8-10-99

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	DELETE		1.1 TITLE	Change Addition		
NAME	FLEMING, TOM			1.2 NAME			
STREET ADDRESS	187 NE PINEAPPLE WAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33444			1.4 CITY-ST-ZIP			
TITLE	D	DELETE		2.1 TITLE	Change Addition		
NAME	HAMILTON, GAIL			2.2 NAME			
STREET ADDRESS	14138 6TH STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	DADE CITY FL 33525			2.4 CITY-ST-ZIP			
TITLE	S	DELETE		3.1 TITLE	Change Addition		
NAME	SLEVIN, KAREN			3.2 NAME			
STREET ADDRESS	814 ELM FOREST DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	CLERMONT FL 34714			3.4 CITY-ST-ZIP			
TITLE	T	DELETE		4.1 TITLE	Change Addition		
NAME	ZIMET, DAVID			4.2 NAME			
STREET ADDRESS	ROUTE 3 BOX 4370			4.3 STREET ADDRESS			
CITY-ST-ZIP	QUINCY FL 32351-9529			4.4 CITY-ST-ZIP			
TITLE	D	DELETE		5.1 TITLE	Change Addition		
NAME	FRITZ, NEIL			5.2 NAME			
STREET ADDRESS	200 S. BISCAYNE BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131			5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE	Change Addition		
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:

Karen Slevin *Karen Slevin*

8-10-99

407-931-1270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)