


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90092 027 ****61.25

0051729

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000005241					
1. Corporation Name THE LOCANDER FOUNDATION, INC.					
Principal Place of Business 6303 MACLAURIN DRIVE TAMPA FL 33647 8802 FAZIO CT. TAMPA, FL. 33647			Mailing Address 6303 MACLAURIN DRIVE TAMPA FL 33647 8802 FAZIO CT. TAMPA, FL. 33647		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/09/1996 4. FEI Number 59-3476315 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 COLE, K W CPA 7628 N 56TH STREET SUITE 5 TAMPA FL 33617			10. Name and Address of New Registered Agent 81 Name K.W. COLE, CPA 82 Street Address (P.O. Box Number is Not Acceptable) 12101 N 56th St. 83 Suite #14 84 City TAMPA FL 85 Zip Code 33617		
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] DATE 3/30/99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME LOCANDER, WILLIAM STREET ADDRESS 6303 MACLAURIN DRIVE CITY-ST-ZIP TAMPA FL 33647 8802 FAZIO CT. TITLE D <input type="checkbox"/> DELETE NAME LOCANDER, JANET STREET ADDRESS 6303 MACLAURIN DRIVE CITY-ST-ZIP TAMPA FL 33647 8802 FAZIO CT. TITLE D <input type="checkbox"/> DELETE NAME SOLOMAN, PAUL STREET ADDRESS 6303 MACLAURIN DRIVE CITY-ST-ZIP TAMPA FL 33647 8802 FAZIO CT.			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-99

Date

Daytime Phone #

CR2F037 (11/98)