


FILE NOW: FILING FEE IS \$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # NA1000000650
 1. Corporation Name
FLORIDA COALITION FOR COMPETITION, INC.

Principal Place of Business 2020 Apalachee Parkway Suite 110 Tallahassee, FL 32301	Mailing Address 2020 Apalachee Parkway Suite 110 Tallahassee, FL 32301
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2. Principal Place of Business 21 14301 N. Meridian Road Suite, Apt. #, etc. 22 City & State 23 Tallahassee, FL Zip 24 32312	2a. Mailing Address 26 14301 N. Meridian Road Suite, Apt. #, etc. 27 City & State 28 Tallahassee, FL Zip 29 32312	Country 25 USA 30 USA
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3. Date Incorporated or Qualified February 5, 1997	4. FEI Number 59-341-9070	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
 Kathleen Gayhart
 2020 Apalachee Parkway
 Suite 110
 Tallahassee, FL 32301

10. Name and Address of New Registered Agent
 81 Name
 Kathleen Butler
 82 Street Address (P.O. Box Number is Not Acceptable)
 14301 N. Meridian Road
 83
 84 City
 Tallahassee FL 85 Zip Code
 32312

11. Pursuant to the provisions of Sections 617.0302 and 617.1503, Florida Statutes, the above-named corporation admits this statement for the purpose of changing its registered office or registered agent 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: 11/12/98

12. OFFICERS AND DIRECTORS

TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	Kathleen Gayhart	
STREET ADDRESS	2020 Apalachee Parkway, Ste. 110	
CITY-ST-ZIP	Tallahassee, Florida 32301	
TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	Kenneth W. Walton	
STREET ADDRESS	2020 Apalachee Parkway, Ste. 110	
CITY-ST-ZIP	Tallahassee, Florida 32301	
TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	Rob Feliciano	
STREET ADDRESS	6778 Via Regina	
CITY-ST-ZIP	Boca Raton, Florida 33433	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jack P. Spooner, Jr.	
1.3 STREET ADDRESS	14301 N. Meridian Road	
1.4 CITY-ST-ZIP	Tallahassee, Florida 32312	
2.1 TITLE	Vice-President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vincent T. Kudla	
2.3 STREET ADDRESS	9844 Baybora Bridge Drive	
2.4 CITY-ST-ZIP	Tampa, Florida 33626	
3.1 TITLE	T, S and D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tracie P. Kudla	
3.3 STREET ADDRESS	9844 Baybora Bridge Drive	
3.4 CITY-ST-ZIP	Tampa, Florida 33626	
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		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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.

SIGNATURE: *[Signature]* DATE: 11/12/98 DAYTIME PHONE #: (850) 878-3293

CR2E037 (10/97)