

FILE NOW: FILING FEE IS \$61.25

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Jun 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003717 (2)**  
1. Corporation Name

**TRANSPORTATION AND EXPRESSWAY AUTHORITY MEMBERSHIP OF FLORIDA (TEAMFL), INC.**



Principal Place of Business <b>525 S. MAGNOLIA AVE. ORLANDO FL 32801-4414</b>	Mailing Address <b>525 S. MAGNOLIA AVE. ORLANDO FL 32801-4414</b>
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3. Date Incorporated or Qualified <b>06/27/1997</b>	
4. FEI Number <b>59-3461164</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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	

21. Principal Place of Business <b>2121 CAMDEN ROAD</b>	22. Mailing Address <b>2121 CAMDEN ROAD</b>
Suite, Apt. #, etc. <b>SUITE B</b>	Suite, Apt. #, etc. <b>SUITE B</b>
City & State <b>ORLANDO, FL.</b>	City & State <b>ORLANDO, FL.</b>
Zip <b>32803</b>	Country <b>USA</b>

9. Name and Address of Current Registered Agent

**WORRALL, HAROLD W  
525 S. MAGNOLIA AVE.  
ORLANDO FL 32801-4414**

10. Name and Address of New Registered Agent

81 Name **ROBERT C. HARTNETT**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2121 CAMDEN ROAD -**  
83 **SUITE B**  
84 City **ORLANDO** 85 Zip Code **FL 32803**

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: *X Robert C. Hartnett* **Robert C. Hartnett** DATE: **5-26-98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RICH, A. WAYNE</b>	
STREET ADDRESS	<b>P.O. BOX 1911</b>	<b>N/A</b>
CITY-ST-ZIP	<b>ORLANDO FL 32802</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>ADAMS, WIN</b>	
STREET ADDRESS	<b>1101 E. 1ST ST.</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CARTER, JAMES L JR.</b>	
STREET ADDRESS	<b>11101 RICHLYNE ST.</b>	
CITY-ST-ZIP	<b>TEMPLE TERRACE FL 33619</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOLTZMAN, SONNY</b>	
STREET ADDRESS	<b>111 NW 1ST ST., STE. 2740</b>	
CITY-ST-ZIP	<b>MIAMI FL 33128</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHARP, ROGER</b>	
STREET ADDRESS	<b>P.O. DRAWER 0</b>	<b>N/A</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32203</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SPEER, CHRISTINE</b>	
STREET ADDRESS	<b>920 E. LAFAYETTE ST.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	

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	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Stemle, Deborah</b>	
6.3 STREET ADDRESS	<b>920 East Lafayette Street.</b>	
6.4 CITY-ST-ZIP	<b>TALLAHASSEE, Florida. 32301</b>	

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: *X [Signature]*

4-28-98 (407)644-4205

CR2E037 (10/97)