

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).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Sep 20, 1999 8:00 am  
Secretary of State

09-20-1999 90011 030 \*\*\*\*61.25

DOCUMENT # N98000004645

1. Corporation Name

ASHLEY M. OLESEN MEMORIAL SCHOLARSHIP, INC.

Principal Place of Business  
11388 OKEECHOBEE BLVD.  
ROYAL PALM BEACH FL 33411

Mailing Address  
11388 OKEECHOBEE BLVD.  
ROYAL PALM BEACH FL 33411



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/12/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0911523	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
EWING, ROBERT H 11388 OKEECHOBEE BLVD. ROYAL PALM BEACH FL 33411				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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	DPT	<input type="checkbox"/> DELETE			
NAME	EWING, ROBERT H				
STREET ADDRESS	2055 HENLEY PLACE				
CITY-ST-ZIP	WELLINGTON FL 33414				
TITLE	DVS	<input type="checkbox"/> DELETE			
NAME	VAN WAGNER, BARRY				
STREET ADDRESS	5002 WATER OAK COURT				
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	OLESEN, YVONNE				
STREET ADDRESS	311 INLET WAY, #9				
CITY-ST-ZIP	PALM BEACH SHORES FL 33404				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	VAN WAGNER, WILLIAM				
STREET ADDRESS	5002 WATER OAK COURT				
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410				
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		<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: *Robert H. Ewing* SIGNATURE REQUIRED: *Robert H. Ewing* 7/24/95 561.758.0244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)