

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90092 043 ***158.75

0526167

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P19559

1. Corporation Name
UNITED CONSUMERS CLUB OF ORLANDO, INC.
 NATIONAL MANAGEMENT CORPORATION

| | |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Principal Place of Business 8450 BROADWAY P.O. BOX 13006 MERRILLVILLE IN 46411-0006 | Mailing Address 8450 BROADWAY P.O. BOX 13006 MERRILLVILLE IN 46411-0006 |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip Country 25 | 29 Zip Country 30 |

3. Date Incorporated or Qualified
06/07/1988

4. FEI Number
35-1648765 Applied For
 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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 TALLAHASSEE FL 32301

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--------------------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | ALLEN, JACK R | |
| STREET ADDRESS | 8450 BOADWAY | |
| CITY-ST-ZIP | MERRILLVILLE IN 46410 | |
| TITLE | SVPS | <input type="checkbox"/> DELETE |
| NAME | GAGAN, JACK L | |
| STREET ADDRESS | 8450 BROADWAY | |
| CITY-ST-ZIP | MERRILLVILLE IN 46410 | |
| TITLE | COB | <input type="checkbox"/> DELETE |
| NAME | WITTLINGER, FRED A | |
| STREET ADDRESS | 8450 BROADWAY | |
| CITY-ST-ZIP | MERRILLVILLE IN 46410 | |
| TITLE | VCOB | <input type="checkbox"/> DELETE |
| NAME | GAGAN, JAMES L | |
| STREET ADDRESS | 8450 BROADWAY | |
| CITY-ST-ZIP | MERRIVILLE FL 46410 | |
| TITLE | SVPT | <input type="checkbox"/> DELETE |
| NAME | DEUTSCH, EUGENE H | |
| STREET ADDRESS | 8450 BROADWAY | |
| CITY-ST-ZIP | MERRILLVILLE IN 46410 | |
| TITLE | EVPO | <input checked="" type="checkbox"/> DELETE |
| NAME | SCHWAGER, RANDAL B | |
| STREET ADDRESS | 8450 BROADWAY | |
| CITY-ST-ZIP | MERRILLVILLE IN 46410 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | EVP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | CRAIG A. KING | |
| 1.3 STREET ADDRESS | 8450 BROADWAY | |
| 1.4 CITY-ST-ZIP | MERRILLVILLE IN 46410 | |
| 2.1 TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | SCOTT M. POWELL | |
| 2.3 STREET ADDRESS | 8450 BROADWAY | |
| 2.4 CITY-ST-ZIP | MERRILLVILLE IN 46410 | |
| 3.1 TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | FRANK E. BALL | |
| 3.3 STREET ADDRESS | 8450 BROADWAY | |
| 3.4 CITY-ST-ZIP | MERRILLVILLE IN 46410 | |
| 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 607, 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: *Jack R Allen* **REQUIRED** PRESIDENT 3/15/99 (219) 736-1100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)