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FILED
Mar 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000075783 (8)

1. Corporation Name

FLORIDA OWNER / OPERATOR'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7800 RED RD
213
SOUTH MIAMI FL 33143
US

7800 RED ROAD
213
SOUTH MIAMI FL 33143
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1994

4. FEI Number

65-0525288

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

VELIZ, ANGEL
7800 RED ROAD SUITE 213
SOUTH MIAMI FL 33143

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D ALLEGROE, BOB
STREET ADDRESS
221-A E MAIN STREET
CITY-ST-ZIP
APOKA FL 32703

TITLE ☐ DELETE

NAME
D VELIZ, ANGEL
STREET ADDRESS
7800 RED RD STE 213
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
D WELLS, BRENDA
STREET ADDRESS
10951 NW 3 STREET
CITY-ST-ZIP
CORAL SPRINGS FL 33071

TITLE ☐ DELETE

NAME
D CHRISTIAN, DICK
STREET ADDRESS
621 TREASURE BOAT WAY
CITY-ST-ZIP
SARASOTA FL 34242

TITLE ☐ DELETE

NAME
D DAVIS, JOE
STREET ADDRESS
P O BOX 15566
CITY-ST-ZIP
PENSACOLA FL 32514-5566

TITLE ☐ DELETE

NAME
D JOHNSTONE, TIM
STREET ADDRESS
648 FLORIDA AVE
CITY-ST-ZIP
PANAMA CITY FL 32402

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

CR2E034 (10/97)