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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000075783

FLORIDA OWNER / OPERATOR'S ASSOCIATION, INC.

Principal Place	e of Business	Mailing Address				1 1881:1861 (fil) Aftis Billis abiti datiti maiti da	iisi saami miisi laadi i	(0100 11+1 1 89 1
7800 RED RD		7800 RED ROAD				1		
213				poı		DO NOT WRITE IN TH	NOT WRITE IN THIS SPACE	
SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143 US US						3. Date Incorporated or Qualifed		
03	· •	00				10/12/1994	٠,	}
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	App	lied For
21		26				65-0525288	Not	Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	
22		27				3. Certificate of Status Desired	Fee Red	quired
City & State	e ·	City & State				6. Election Campaign Financing	\$5.00	*
23	· · · · · · · · · · · · · · · · · · ·	28				Trust Fund Contribution	Added to	Fees
—, 	Country	Zip	· Cou	ntry		8. This corporation owes the current year	Intangible Yes	□No
24	[25]	29	[30]			Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Currer	t Registered Agent		81	Name	To. Name and Address of New Register	eu Agein	
VELI	z, angel							
7800 RED ROAD SUITE 213				82	Street Addr	Iress (P.O. Box Number is Not Acceptable)		
SOUTH MIAMI FL 33143				83				
							· Table 3	
				84	City	F	85 Zip C	ode
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Flonda, Such change was tions of, Section 607.0505, Fl	authorized orida Statu	ites.	tne corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	Pointment as reg	registered gistered
	Signature, typed or printed name of registered age	nt and title if applicable. (NOT ID DIRECTORS	E: Registered	Agent	signature require	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE TO SERVE			1.1 TIT	LE			Change	☐ Addition
NAME	D. ALLEGROE, BOB							
STREET ADDRESS		The state of the s	1.2 NA	ME	1			
	221-A E MAIN STREET				ADDRESS		_ ananga	1
CΠY-ST•ZIP	221-A E MAIN STREET APOPKA FL 32703			REET				
TITLE			1.3 ST	REET IY-ST			☐ Change	Addition
	APOPKA FL 32703		1.3 ST 1.4 CF	reet IY-s <u>t</u> Le				Addition
TITLE	APOPKA FL 32703 D		1.3 ST 1.4 CF 2.1 TF 2.2 NA	reet IY-S <u>T</u> 'LE JME				☐ Addition
TITLE NAME	D Veliz, angel	DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA	reet TY-ST 'LE JME REET	- ZIP ADDRESS		☐ Change	
TITLE NAME STREET ADDRESS	D VELIZ, ANGEL 7800 RED RD STE 213		1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST	REET IY-ST ILE IME REET IY-S'	- ZIP ADDRESS			☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	APOPKA FL 32703 D VELIZ, ANGEL 7800 RED RD STE 213 MIAMI FL	DELETE	1.3 ST 1.4 CR 2.1 TR 2.2 NA 2.3 ST 2.4 CR	REET TY-ST TLE TREET TY-ST	- ZIP ADDRESS	•	☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	APOPKA FL 32703 D VELIZ, ANGEL 7800 RED RD STE 213 MIAMI FL D WELLS, BRENDA 10951 NW 3 STREET	DELETE	1.3 ST 1.4 CR 2.1 TR 2.2 NA 2.3 ST 2.4 CR 3.1 TR 3.2 NA 3.3 ST	REET TY-ST TLE ME REET TY-ST TLE ME	ADDRESS T-ZIP ADDRESS ADDRESS	•	☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	APOPKA FL 32703 D VELIZ, ANGEL 7800 RED RD STE 213 MIAMI FL D WELLS, BRENDA 10951 NW 3 STREET CORAL SPRINGS FL 33071	DELETE	1.3 ST 1.4 CR 2.1 TR 2.2 NA 2.3 ST 2.4 CR 3.1 TR 3.2 NA 3.3 ST 3.4 CR	REET IY-ST LE ME REET IY-ST LE ME IY-ST REET INE REET	ADDRESS T-ZIP ADDRESS ADDRESS		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	APOPKA FL 32703 D VELIZ, ANGEL 7800 RED RD STE 213 MIAMI FL D WELLS, BRENDA 10951 NW 3 STREET CORAL SPRINGS FL 33071 D CHRISTIAN, DICK 621 TREASURE BOAT WAY SARASOTA FL 34242 D DAVIS. JOE P O BOX 15566	DELETE	1.3 ST 1.4 CT 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 N. 4.3 ST 4.4 CT 5.1 TII 5.2 NA 5.3 ST 5.4 CT 5.4 CT 5.4 CT 5.5 ST 5.4 CT 5.4 CT 5.5 C	REET TY-ST LE ME REET TY-ST LE REET TY-ST LE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		☐ Change ☐ Change ☐ Change	Addition Addition

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 suppliemental annual report is supplied with the 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 suppliemental annual report is rule 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 adacting of 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, I further certify that the information indicated on the information indicated on the information of 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 by Chapter 607, Florida Statutes, I further certify that the information indicated on the information indicated on the information indicated on the information of the information indicated on the information indicated on

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PANAMA CITY FL 32402

Apr 20, 1999 8:00 am Secretary of State

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