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Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90243 015 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P94000075783

1. Corporation Name

FLORIDA OWNER / OPERATOR'S ASSOCIATION, INC.



Principal Place of Business

7800 RED RD  
213  
SOUTH MIAMI FL 33143  
US

Mailing Address

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 the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

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

☐ DELETE

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

(305) 661-4460

Date

Daytime Phone #

CR2E034 (11/98)