

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

PROFIT CORPORATION ANNUAL REPORT 1997




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

DOCUMENT # P96000036024 (3)
1. Corporation Name
FLORIDA CONFERENCE CENTER ASSOCIATES, INC.

Principal Place of Business: **2700-C NW 43RD ST GAINESVILLE FL 32606**
Mailing Address: **2700-C NW 43RD ST GAINESVILLE FL 32606-7433**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

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97 JUL -8 AM 8: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified: **04/25/1996**
3a. Date of Last Report
4. FEI Number: **59-3380739**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
HOLDEN, CHARLES I JR
2700-C NW 43RD ST
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REED, WILLIAM P	
STREET ADDRESS	40 GLENALD WAY NW	
CITY-ST-ZIP	ATLANTA GA 30327	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHELL, EARL L JR	
STREET ADDRESS	1390 W PACES FERRY RD	
CITY-ST-ZIP	ATLANTA GA 30327	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOLDEN, CHARLES I	
STREET ADDRESS	2700-C NW 43RD ST	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARROW, M. BRANTLEY	
STREET ADDRESS	1390 W PACES FERRY RD	
CITY-ST-ZIP	ATLANTA GA 30327	
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	
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	

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14. I do 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, changed, or on an attachment with an address.

SIGNATURE: _____

CR2E034 (9/96)