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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90069 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P96000036024**

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 2772-S NW 43 St.
 Suite, Apt. #, etc.: 22
 City & State: 23 Gainesville, FL
 Zip: 24 32606 Country: 25 USA
 2a. Mailing Address: 26 2772-S NW 43 St.
 Suite, Apt. #, etc.: 27
 City & State: 28 Gainesville, FL 32606
 Zip: 29 32606 Country: 30 USA

3. Date Incorporated or Qualified: 04/25/1996
 4. FEI Number: 59-3380739 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
 HOLDEN, CHARLES I JR
 2700-C NW 43RD ST
 GAINESVILLE FL 32606

10. Name and Address of New Registered Agent
 81 Name: Charles I. Holden, Jr.
 82 Street Address (P.O. Box Number is Not Acceptable): 2772-S NW 43 St.
 83
 84 City: Gainesville FL 85 Zip Code: 32606

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	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	1380 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	1380 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Holden, Charles I. Jr.
3.3 STREET ADDRESS	2772-S NW 43 Street
3.4 CITY-ST-ZIP	Gainesville, FL 32606
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: *[Signature]* **REQUIRED** Treasurer 4/8/99 404-264-2144
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)