

FILE NOW: FILING FEE IS \$61.25

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Jan 30, 1999 8:00am
Secretary of State

01-30-1999 90010 017 *****61.25



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

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # 770634

1. Corporation Name
FAN ASSOCIATION OF NORTH AMERICA, INC.

Principal Place of Business
 6138 DEACON DRIVE
 WINDERMERE FL 34786

Mailing Address
 6138 DEACON DRIVE
 WINDERMERE FL 34786



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/07/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2381870	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSON, COLIN 6138 DEACON DRIVE WINDERMERE FL 34786				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, COLIN	1.2 NAME	
STREET ADDRESS	6138 DEACON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUE, WENDY HAMILTON	2.2 NAME	
STREET ADDRESS	2118 VAN BUREN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WHITEHALL PA	2.4 CITY-ST-ZIP	
TITLE	SR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNISH, HERBERT	3.2 NAME	
STREET ADDRESS	830 W CLARK ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	YPSILANTI MI 48195	3.4 CITY-ST-ZIP	
TITLE	SC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMON, VIRGINIA	4.2 NAME	
STREET ADDRESS	BOX 177 CLEVELAND HILL	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMWORTH NH 03886	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, BONNIE	5.2 NAME	
STREET ADDRESS	1809 W BURBANK BLVD, STE A	5.3 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOCKENDORF, MICAEL	6.2 NAME	
STREET ADDRESS	1 APPLETREE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	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 617, 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: *Bonnie Bryant* **BONNIE BRYANT** DATE: **1/15/99** DAYTIME PHONE #: **818-563-1717**

CR2E037 (11/98)