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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90004 015 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707252

1. Corporation Name
MAGNOLIA TOWERS, INC.

Principal Place of Business 100 E ANDERSON ST ORLANDO FL 32801	Mailing Address 100 E ANDERSON ST ORLANDO FL 32801
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/06/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1115878
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALBRITTON, SYLVIA S 100 E ANDERSON STREET ORLANDO FL 32801		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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ORVILLE R	1.2 NAME	WEINAUG, WILLIAM
STREET ADDRESS	1009 E GREENWOOD	1.3 STREET ADDRESS	1055 MAITLAND CTR COMMONS BLVD
CITY-ST-ZIP	ORLANDO, FL 00000	1.4 CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNELLINGS, JAMES H	2.2 NAME	
STREET ADDRESS	2052 COUNTRYSIDE CIRCLE, N	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, DR. LOUIS C.	3.2 NAME	
STREET ADDRESS	900 S DELANEY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, TED	4.2 NAME	
STREET ADDRESS	3231 ARDSLEY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOBLEY, SARA	5.2 NAME	
STREET ADDRESS	400 E COLONIAL DR #1401	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JOHN	6.2 NAME	
STREET ADDRESS	222 W MAITLAND BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	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: Ted May **SIGNATURE REQUIRED** Date: 2-19-99 Daytime Phone #: (407) 843-9591

CR2E037 (1/98)