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Feb 23, 1999 8:00 am
Secretary of State

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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 # 735971

1. Corporation Name
MERIDIAN CLUB OF WINTER PARK, INC.

Principal Place of Business % WINDERWEEDLE HAINES WARD & WOODMAN. P.A. 250 PARK AVENUE SOUTH. 5TH FLOOR WINTER PARK FL 32789	Mailing Address % WINDERWEEDLE HAINES WARD & WOODMAN. P.A. 250 PARK AVENUE SOUTH. 5TH FLOOR WINTER PARK FL 32789
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/01/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1691696
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 MCCAGHREN, C. BRENT 250 PARK AVENUE SOUTH, 5TH FLOOR WINTER PARK FL 32789	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
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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	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONKIN, IAN	1.2 NAME	Doug Asbell
STREET ADDRESS	819 TOWERING OAK WY	1.3 STREET ADDRESS	2162 Majestic Woods Blvd.
CITY-ST-ZIP	APOPKA FL 32712	1.4 CITY-ST-ZIP	Apopka, FL 32712
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, WILLIAM	2.2 NAME	Don McManus
STREET ADDRESS	1417 CARDINAL RD	2.3 STREET ADDRESS	12542 Lake Underhill Road
CITY-ST-ZIP	ORLANDO FL 32803	2.4 CITY-ST-ZIP	Orlando, FL 32828
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASBELL, DOUG	3.2 NAME	Bill Spivey
STREET ADDRESS	2162 MAJESTIC WOODS BLVD	3.3 STREET ADDRESS	102 Spring Valley Loop
CITY-ST-ZIP	APOPKA FL 32712	3.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAGHREN, BRENT	4.2 NAME	
STREET ADDRESS	433 E NEW ENGLAND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUDERMILK, AL	5.2 NAME	
STREET ADDRESS	455 MELROSE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFY, BOB	6.2 NAME	Ian Donkin
STREET ADDRESS	5000 SIMMONS RD	6.3 STREET ADDRESS	819 Towering Oak Way
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	Apopka, FL 32712

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: SIGNATURE REQUIRED 1/20/99 Date Daytime Phone #

CR2E037 (1/198)