


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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90184 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000005993

1. Corporation Name
LAKE SEMINOLE SQUARE MANAGEMENT COMPANY, INC.

Principal Place of Business 111 WESTWOOD PLACE SUITE 402 NASHVILLE TN 37027	Mailing Address 111 WESTWOOD PLACE SUITE 402 NASHVILLE TN 37027
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/28/1998	
21	22	26	27	4. FEI Number APPLIED FOR 59-2922555	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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	CD	<input type="checkbox"/> DELETE
NAME	SHERIFF, W E	
STREET ADDRESS	111 WESTWOOD PLACE, STE 402	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HEROLD, FRANK L	
STREET ADDRESS	111 WESTWOOD PLACE, STE 402	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KAESTNER, H T	
STREET ADDRESS	111 WESTWOOD PLACE, STE 402	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	HICKS, GEORGE T	
STREET ADDRESS	111 WESTWOOD PLACE, STE 402	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MONEY, JAMES T	
STREET ADDRESS	111 WESTWOOD PLACE, STE 402	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DOWNES, TOM G	
STREET ADDRESS	111 WESTWOOD PLACE, STE 402	
CITY-ST-ZIP	BRENTWOOD TN	

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 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	

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: _____ DATE: **4/29/99** DAYTIME PHONE #: **615/221-2250**

CR2E034 (11/98)