

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L83335 (4)

1. Corporation Name
SETTLER'S VILLAGE, INC.



Principal Place of Business C/O JOHN B. RITCH 100 CHURCH STREET KISSIMMEE FL 34741	Mailing Address C/O JOHN B. RITCH 100 CHURCH STREET KISSIMMEE FL 34741
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 101 PARK PLACE BLV Suite, Apt #, etc 22 SUITE 2 City & State 23 KISSIMMEE, FL Zip 24	2a. Mailing Address 26 101 PARK PLACE BLV Suite, Apt #, etc 27 SUITE 3 City & State 28 KISSIMMEE, FL Zip 29 34741
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3. Date Incorporated or Qualified 06/25/1990	4. FEI Number 59-3026254	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**RITCH, JOHN B.
 100 CHURCH STREET
 KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent

81 Name BARNEY VEAL
82 Street Address (P.O. Box Number is Not Acceptable) 101 PARK PLACE BLVD., SUITE 3
83
84 City KISSIMMEE
85 Zip Code FL 34741

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 *Barney Veal* **BARNEY VEAL** **2/20/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RITCH, JOHN B.	
STREET ADDRESS	925 DOLPHIN AVE.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	VEAL, BARNEY	
STREET ADDRESS	2950 OLD CANOE CREEK RD.	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RADER, ELENORA B	
1.3 STREET ADDRESS	1510 W EMMETT ST.	
1.4 CITY-ST-ZIP	KISSIMMEE FL 34741	
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.

SIGNATURE: *Barney Veal* **BARNEY VEAL** **2/20/98** **(407) 847-3099**
Signature and typed or printed name of signing officer or director Date Daytime Phone # 042172

CR2E034 (10/97)