

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05859 (6)

1. Corporation Name
SOUTH SEMINOLE MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O PARK AVE LEASING & MGMT. MAITLAND FL 32751 US **1620 N. COUNTRY RD. 427 LONGWOOD FL 32750 US**

3. Date Incorporated or Qualified **10/25/1984** 3a. Date of Last Report **03/22/1995**
4. FEI Number **59-2535735** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARK AVE LEASING & MANAGEMENT, INC
1620 N. COUNTRY ROAD 427
SUITE 120
LONGWOOD FL 32750**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIMER, CLYDE DR.	1.2 NAME
STREET ADDRESS	521 W STATE RD 434	1.3 STREET ADDRESS
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, JOHN M	2.2 NAME
STREET ADDRESS	521 W STATE RD 434	2.3 STREET ADDRESS
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEACH, KENNETH	3.2 NAME
STREET ADDRESS	555 W STATE RD 434	3.3 STREET ADDRESS
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANKAUSKAS, SAULIUS M	4.2 NAME
STREET ADDRESS	521 W. STATE RD. 434	4.3 STREET ADDRESS
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 407-767-5901
Date Daytime Phone #

CR2E037 (12/95)