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Feb 22, 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 # N19736

1. Corporation Name
SEMINOLE #4147, F.O.E., INC.

Principal Place of Business 7301 77TH STREET NORTH PINELLAS PARK FL 34665	Mailing Address 7301 77TH STREET NORTH PINELLAS PARK FL 34665
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/19/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2732392
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" 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

WHITNEY, THOMAS
 4008 W IOWA
 TAMPA FL 33616

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

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 _____

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BRUNELL, JOE JR	
STREET ADDRESS	8401 MERRIAL CIR	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WALLACE, EUGENE	
STREET ADDRESS	5680 63RD RD WAY NO	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WHITNEY, THOMAS	
STREET ADDRESS	4008 W IOWA	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ARNOLD, DOUG	
STREET ADDRESS	5696 62ND WAY NO	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BRUNELL, JOSEPH C	
STREET ADDRESS	8424 58TH WAY NO	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TRUMBULL, DON	
STREET ADDRESS	5335 46 AVE NO	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Trumbull, JAMES	
1.3 STREET ADDRESS	5200 28 STREET NO	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33714	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BILL CLARK	
2.3 STREET ADDRESS	5660 8A STREET NO.	
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33709	
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 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: Don Trumbull SIGNATURE REQUIRED Don Trumbull 1-6-98 546-4758

CR2E037 (1/98)