

FILE NOW: FILING FEE IS \$61.25

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Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003769 (7)
1. Corporation Name
MAIN STREET ZEPHYRHILLS, INC.



Principal Place of Business 5224 7TH ST ZEPHYRHILLS FL 33540 US	Mailing Address P.O. BOX 6227 ZEPHYRHILLS FL 33540 US
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3. Date Incorporated or Qualified 08/16/1993		
4. FEI Number 59-3192201	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent
**COUNSELL, ROBIN
5224-7TH STREET
ZEPHYRHILLS FL 33540**

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

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: Robin L. Counsell ROBIN L. COUNSELL 4-15-98
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	PD	<input type="checkbox"/> DELETE
NAME	JIM CRACCHIOLO	
STREET ADDRESS	5425 GOLF LINKS BLVD	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MIKE WATERS	
STREET ADDRESS	5435 GALL BLVD	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LAURA CLARK	
STREET ADDRESS	38424 5TH AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HENSON, SUSAN	
STREET ADDRESS	38203 HENRY DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOAN, DAN	
STREET ADDRESS	5915 GALL BLVD	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE NEUKOM	
STREET ADDRESS	38444 5TH AVENUE	
CITY-ST-ZIP	ZEPHYRHILLS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SUE LYNN MILLER	
1.3 STREET ADDRESS	38430-5TH AVENUE	
1.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	
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	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LAURA L. CLARK	
3.3 STREET ADDRESS	P.O. BOX 6228	
3.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	
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.

SIGNATURE: Laura L. Clark LAURA L. CLARK SECRETARY 1-24-98 813-782-5606

CR2E037 (10/97)