

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003987 (5)
1. Corporation Name

PRIVATE BUSINESS ASSOCIATION OF SEMINOLE, INC.



Principal Place of Business: 165 WEST STATE ROAD 434 WINTER SPRINGS FL 32708
Mailing Address: 165 WEST STATE ROAD 434 WINTER SPRINGS FL 32708

3. Date Incorporated or Qualified 09/02/1993	3a. Date of Last Report 03/01/1995
4. FEI Number 59-3208272	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ENEGLEY PROPERTY MGMT SERVICES INC 165 W STATE RD 434 WINTER SPRINGS FL 32708	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: Anne H. Russell, President, Energy Property Mgmt Serv. **4/6/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, KEN	1.2 NAME	PAPA JOHN
STREET ADDRESS	20 NORTH ORANGE AVE, STE 1000	1.3 STREET ADDRESS	3700 Westhall LANE, Ste. 200
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, DAVID	2.2 NAME	
STREET ADDRESS	800 S. ORLANDO AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, ANNE	3.2 NAME	
STREET ADDRESS	165 W. STATE RD. 434	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COURT DEBBIE	4.2 NAME	Miller, William
STREET ADDRESS	450 PRAIRIE LAKE COVE	4.3 STREET ADDRESS	108 Robin Rd, Ste 2002
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	4.4 CITY-ST-ZIP	Altamonte, Springs, FL 32701
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASS, MIKE	5.2 NAME	Stanley, Ric
STREET ADDRESS	1155 SEMORAN BLVD., #1141	5.3 STREET ADDRESS	990 Douglas Ave
CITY-ST-ZIP	WINTER PARK FL 32792	5.4 CITY-ST-ZIP	Altamonte Springs, FL 32701
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	WINESBURG, BEV	6.2 NAME	
STREET ADDRESS	978 DOUGLAS AVE, STE 100	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	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 118.07(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: Anne H. Russell **4/6/96** **407 327 5824**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)