

FILE NOW: FILING FEE IS \$61.25

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Jan 30 1997 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32708-2547

3. Date Incorporated or Qualified
09/02/1993

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip 30 Country

4. FEI Number
59-3208272

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENEAGLEY PROPERTY MGMT SERVICES INC
165 W STATE RD 434
WINTER SPRINGS FL 32708

81 Name

Energy

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: *James H. Russell*, President, Energy Property Mgmt. Serv. INC

DATE: 1/6/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DST	<input type="checkbox"/> DELETE
NAME	PAPA, JOHN	
STREET ADDRESS	2700 WESTHALL LANE STE 200	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WRIGHT, DAVID	
STREET ADDRESS	800 S. ORLANDO AVE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	RUSSELL, ANNE	
STREET ADDRESS	165 W. STATE RD. 434	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, WILLIAM	
STREET ADDRESS	108 ROBIN RD STE 2002	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STANLEYU, RIC	
STREET ADDRESS	900 DOUGLAS AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WINESBURG, BEV	
STREET ADDRESS	978 DOUGLAS AVE, STE 100	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

1.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HATTAWAY, Mike	
4.3 STREET ADDRESS	162 EAST Hwy 434	
4.4 CITY-ST-ZIP	LONGWOOD, FL 32750	
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	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	FOLEY, BOB	
6.3 STREET ADDRESS	222 S. Westmonte Dr, #116	
6.4 CITY-ST-ZIP	Altamonte Springs, fl 32714	

14. I do 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: *[Signature]*

CR2E037 (9/96)