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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000003987

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/02/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3208272	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ENERGY PROPERTY MGMT SERVICES INC. 185 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PAPA, JOHN			1.2 NAME	STEVE KUIPER		
STREET ADDRESS	2700 WESTHALL LANE STE 200			1.3 STREET ADDRESS	101 WYMORE ROAD, STE 550		
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LAWTON, CES			2.2 NAME	ALLAN GOLDBERG		
STREET ADDRESS	185 ANCHOR RD			2.3 STREET ADDRESS	706 TURNBULL AVE, STE 102		
CITY-ST-ZIP	CASSELBERRY FL 32707			2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RUSSELL, ANNE			3.2 NAME	BILLIE DIMEGLIO		
STREET ADDRESS	165 W. STATE RD. 434			3.3 STREET ADDRESS	100 S. ORANGE AVE, STE 300		
CITY-ST-ZIP	WINTER SPRINGS FL			3.4 CITY-ST-ZIP	ORLANDO, FL 32801		
TITLE	DP	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HATTAWAY, MIKE			4.2 NAME	HUGH HARLING		
STREET ADDRESS	840 WATERWAY PL			4.3 STREET ADDRESS	850 COURTLAND ST		
CITY-ST-ZIP	LONGWOOD FL 32750			4.4 CITY-ST-ZIP	ORLANDO, FL 32804		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STANLEY, RIC			5.2 NAME			
STREET ADDRESS	990 DOUGLAS AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOLEY, BOB			6.2 NAME			
STREET ADDRESS	222 S. WESTMONTE DR., #116			6.3 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			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: _____ **REQUIRED** 3/4/99 407-774-5616
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)