

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90070 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000016443

1. Corporation Name
SOUTH OBT CORP.



Principal Place of Business 5898 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32839	Mailing Address P.O. BOX 99900 LOUISVILLE KY 40269-9990
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/28/1994	4. FEI Number 59-3236496 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent A.G.C. CO. 2300 SUN BANK CENTER 200 SOUTH ORANGE AVENUE ORLANDO FL	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
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, CHARLES	1.2 NAME	
STREET ADDRESS	5898 SOUTH ORANGE BLOSSOM TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32839	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONEY, WADE S	2.2 NAME	
STREET ADDRESS	5898 SOUTH ORANGE BLOSSOM TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32839	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XXXXXXXXXXXX	3.2 NAME	Treasurer
STREET ADDRESS	5898 SOUTH ORANGE BLOSSOM TRAIL	3.3 STREET ADDRESS	Mark Nunz
CITY-ST-ZIP	ORLANDO FL 32839	3.4 CITY-ST-ZIP	5898 South Orange Blossom Trail Orlando, FL 32839
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XXXXXXXXXXXX	4.2 NAME	Kenneth M. Cox
STREET ADDRESS	11492 BLUEGRASS PKWY	4.3 STREET ADDRESS	11492 Bluegrass Parkway
CITY-ST-ZIP	LOUISVILLE KY 40299	4.4 CITY-ST-ZIP	Louisville, KY 40299
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, 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: By: *Wade S. Oney, Jr.* **REQUIRED** 4/23/99 407/888-3606
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #
 Wade S. Oney, Jr. Vice President

CR2E034 (1/98)