

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

FILED

**Feb 09 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000070956 (2)
 1. Corporation Name
LONGWOOD COMMERCE CENTER, INC.



Principal Place of Business 499 N STATE ROAD 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714	Mailing Address 499 N STATE ROAD 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714
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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
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3. Date Incorporated or Qualified 08/15/1997	4. FEI Number 59-3467612	Applied For <input type="checkbox"/> 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
MOORE, BARBARA J
499 N STATE ROAD 434
SUITE 2179
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name HOLLINGSWORTH, GEORGE R., II
82 Street Address (P.O. Box Number is Not Acceptable) 499 N. ST. RD. 434
83 SUITE 2179
84 City ALTAMONTE SPRINGS, FL
85 Zip Code 32714

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  **GEORGE R. HOLLINGSWORTH, II** DATE **1/28/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MOORE, B. J.
1.3 STREET ADDRESS	499 N. ST. RD. 434, SUITE 2179
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BINFORD, T. A.
2.3 STREET ADDRESS	499 N. ST. RD. 434, SUITE 2179
2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STEIN, TRACY S.
3.3 STREET ADDRESS	499 N. ST. RD. 434, SUITE 2179
3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
4.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HOLLINGSWORTH, G. R., II
4.3 STREET ADDRESS	499 N. ST. RD. 434, SUITE 2179
4.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
5.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 registered contractor 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.

G. R. HOLLINGSWORTH, II

CR2E034 (10/97)