

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

**FILED**  
**Apr 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



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

**DOCUMENT # P97000075334 (7)**  
 1. Corporation Name  
**402 NORTH DONNELLY, INC.**



Principal Place of Business: **1115 E. LIVINGSTON STREET ORLANDO FL 32803**  
 Mailing Address: **1115 E. LIVINGSTON STREET ORLANDO FL 32803**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **08/29/1997**  
 4. FEI Number: **59-3465020**  
 5. Certificate of Status Desired:  Applied For,  Not Applicable  
 6. Election Campaign Financing:  **\$8.75 Additional Fee Required**  
 7. Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**FIELD, KEITH D**  
**2185 PARK AVENUE NORTH SUITE 7**  
**WINTER PARK FL 32789**

10. Name and Address of New Registered Agent  
 81 Name: **HOPE STRONG III**  
 82 Street Address (P.O. Box Number is Not Acceptable): **200 West Welbourne Ave**  
 83  
 84 City: **WINTER PARK** FL 85 Zip Code: **32790**

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 appointment of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **Hope Strong III** DATE: **2/13/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>DST</b>
NAME	<b>LEARY, WILLIAM N</b>	1.2 NAME	
STREET ADDRESS	<b>1115 E. LIVINGSTON STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<b>DP</b>
NAME	<b>FIELD, KEITH D</b>	2.2 NAME	
STREET ADDRESS	<b>2185 PARK AVENUE NORTH STE. 7</b>	2.3 STREET ADDRESS	<b>428 N. Donnelly St, Suite 3</b>
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	2.4 CITY-ST-ZIP	<b>MOUNT DORA, FL 32757</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: *[Signature]* **WILLIAM N. LEARY** DATE: **12/12/98** (NOT) PUL-115

CR2E034 (10/97)