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**Mar 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11098 (3)

1. Corporation Name
SEBRING MAIN STREET, INC.



Principal Place of Business 219 NORTH RIDGEWOOD DRIVE P.O. BOX 1243 SEBRING FL 33871-1243	Mailing Address 219 NORTH RIDGEWOOD DRIVE P.O. BOX 1243 SEBRING FL 33871-1243
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3. Date Incorporated or Qualified 09/16/1985	
4. FEI Number 59-2626645	Applied For <input type="checkbox"/> Yes <input checked="" 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**SCHOMMER, NICHOLAS G.
329 S. COMMERCE AVENUE
SEBRING FL 33870**

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

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	
TITLE D	<input type="checkbox"/> DELETE
NAME MEDER, JOHN	
STREET ADDRESS 2105 LK JOSEPHINE DRIVE	
CITY-ST-ZIP SEBRING FL 33872	
TITLE SD	<input type="checkbox"/> DELETE
NAME HOWARD, NANCY	
STREET ADDRESS 426 SCHOOL STR	
CITY-ST-ZIP SEBRING FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME PELLA, PATRICIA S	
STREET ADDRESS 136 S. RIDGEWOOD DR.	
CITY-ST-ZIP SEBRING FL	
TITLE D	<input type="checkbox"/> DELETE
NAME CROWDER, CRAIG	
STREET ADDRESS 228 N. RIDGEWOOD DR.	
CITY-ST-ZIP SEBRING FL	
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 PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Clark, John	
1.3 STREET ADDRESS 327 SE Lakeview Drive	
1.4 CITY-ST-ZIP Sebring, FL 33870	
2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Hamric, Mike	
2.3 STREET ADDRESS 2824 US 27 South	
2.4 CITY-ST-ZIP Sebring, FL 33870	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Kilgore, Rex	
3.3 STREET ADDRESS 901 US 27 North, Ste. 43	
3.4 CITY-ST-ZIP Sebring, FL 33872	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Durrance, Isaac	
4.3 STREET ADDRESS P.O. Drawer 2066 N/A	
4.4 CITY-ST-ZIP Sebring, FL 33871-2066	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Paedae, Ladonna	
5.3 STREET ADDRESS 541 N. Ridgewood Drive	
5.4 CITY-ST-ZIP Sebring, FL 33870	
6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Scott, Sheila	
6.3 STREET ADDRESS 368 S. Commerce Avenue	
6.4 CITY-ST-ZIP Sebring, FL 33870	

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.

CR2E037 (10/97)