


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90005 019 ***550.00

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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 # 608646
 1. Corporation Name
PETTY'S OF SEMINOLE, INC.



Principal Place of Business 2141 S.R. #434 LONGWOOD FL 32779	Mailing Address 2141 S.R. #434 LONGWOOD FL 32779
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2141 State Rd 434 Suite, Apt. #, etc. 22	2a. Mailing Address 26 Same Suite, Apt. # 27	3. Date Incorporated or Qualified 02/01/1979
23 City & State Longwood, FL Zip Country 24 32779 25 USA	28 City & State Florida Zip Country 29 30	4. FEI Number 59-1949806 Applied For Not Applicable
9. Name and Address of Current Registered Agent HIDALGO, ALLYSON 2141 S.R. #434 LONGWOOD FL 32779		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. <input type="checkbox"/> Yes <input type="checkbox"/> No

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) Same
83
84 City FL
85 Zip Code

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE
NAME	PETTIGREW, ROSEMARY	1.2 NAME
STREET ADDRESS	2141 S.R. 434	1.3 STREET ADDRESS
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP
TITLE	VD	2.1 TITLE
NAME	HIDALGO, MARY A.	2.2 NAME
STREET ADDRESS	2141 SR 434	2.3 STREET ADDRESS
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP
TITLE	SD	3.1 TITLE
NAME	HIDALGO, MARY A	3.2 NAME
STREET ADDRESS	2141 SR 434	3.3 STREET ADDRESS
CITY-ST-ZIP	LONGWOOD FL	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: *Allyson Hidalgo* REQUIR: Allyson Hidalgo 7/15/99 407-862-0400

CR2E034 (5/99)