

FILE NOW: FILING FEE IS \$61.25

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Feb 18 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 # **720818** (4)
1. Corporation Name
SESAME GROTO OF POLK COUNTY HOLDING CORPORATION, INC.

Principal Place of Business 3030 MORGAN COMBEE RD. P. O. BOX 3484 LAKELAND FL 33802-0348	Mailing Address 3030 MORGAN COMBEE RD. P. O. BOX 3484 LAKELAND FL 33802-0348
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3. Date Incorporated or Qualified 04/28/1971	4. FEI Number 23-7089447	Applied For <input type="checkbox"/> Not Applicable
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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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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 type="checkbox"/> No

9. Name and Address of Current Registered Agent
**MENDELSON, EDWARD D
608 ESTRADA LN
POINCIANA FL 34758**

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 *Edward D. Mendelson* (NOTE: Registered Agent signature required when reinstating) DATE **1/13/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD D MENDELSON	1.2 NAME	
STREET ADDRESS	608 ESTRADA LN	1.3 STREET ADDRESS	
CITY - ST - ZIP	POINCIANA FL	1.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRYDEN, CLAUDE	2.2 NAME	
STREET ADDRESS	5230 NICHOLS DR, SW	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL 33813	2.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRESS, DAVID	3.2 NAME	
STREET ADDRESS	535 STATE RD., 540 AW	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOCK, JOHN W.	4.2 NAME	
STREET ADDRESS	1815 STATE RD. 540 AE	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	4.4 CITY - ST - ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRADY HEATH	5.2 NAME	D
STREET ADDRESS	209 CAMBRIDGE SQUARE, SE	5.3 STREET ADDRESS	HEATH, GRADY
CITY - ST - ZIP	WINTER HAVEN FL	5.4 CITY - ST - ZIP	209 CAMBRIDGE SQUARE SE
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DeCHAMBEAU, MICHAEL D.	6.2 NAME	
STREET ADDRESS	109 COLEMAN RD	6.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN, FL 33880	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward D Mendelson Director* **2/11/98** 407-933-5141

CR2E037 (10/97)