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Feb 09 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 # 729304 (6)
 1. Corporation Name
THE APPLE VALLEY CIVIC CORPORATION



Principal Place of Business 113 CANDLEWICK RD ALTAMONTE SPRGS FL 32714 US	Mailing Address 112 W. HILLCREST ST. ALTAMONTE SPRGS FL 32714 US
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3. Date Incorporated or Qualified 04/09/1974		
4. FEI Number 59-1607561	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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 checked="" type="checkbox"/> Yes <input 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 26		
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

**CARR EUGENE C
112 W HILLCREST ST.
ALTAMONTE SPRINGS FL 32714**

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	PD	<input type="checkbox"/> DELETE
NAME	SNOW, JAMES	
STREET ADDRESS	117 CANDLEWICK RD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	RADZAK, TOM	
STREET ADDRESS	112 CANDLEWICK RD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CARR, GENE	
STREET ADDRESS	112 HILLCREST	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JAROCH, KAREN	
STREET ADDRESS	103 W. HILLCREST	
CITY-ST-ZIP	ALTAMONTE SPRINGS 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD DELANEY, NICK
1.3 STREET ADDRESS	113 W. HILLCREST ST.
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD SMITH, LISA
2.3 STREET ADDRESS	106 W. HILLCREST ST.
2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input 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 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: *Eugene C. Carr* **EUGENE C. CARR** 2/3/98 (407) 862-6738

CR2E037 (10/97)