


4-16 98 B4856 C

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H06559** (9)
1. Corporation Name
FLORIDA GROWTH SERVICES, INC.



Principal Place of Business % JAMES A. WESLEY 1030 N. ORANGE AVE. ORLANDO FL 32801-1022	Mailing Address % JAMES A. WESLEY 1030 N. ORANGE AVE. ORLANDO FL 32801-1022
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DO NOT WRITE IN THIS SPACE

2 Principal Place of Business 21 801 N. Magnolia Avenue Suite, Apt. #, etc 22 #418 City & State 23 Orlando, FL Zip 24 32803	2a Mailing Address 26 P.O. Box 433 Suite, Apt. #, etc. 27 City & State 28 Orlando, FL Zip 29 32802	30 Country
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3 Date Incorporated or Qualified 06/05/1984	4 FEI Number 59-2426164	Applied For 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	
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
**WESLEY, JAMES A.
1030 N. ORANGE AVE.
ORLANDO FL**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: James A. Wesley (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	CD	<input type="checkbox"/>
NAME	LAWRENCE, SAMUEL B.	
STREET ADDRESS	6074 LEXINGTON PARK	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DP	<input type="checkbox"/>
NAME	MURRAY, KENNETH S.	
STREET ADDRESS	1024 ANCHORAGE CT	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VDT	<input type="checkbox"/>
NAME	HAIMAN, RICHARD C.	
STREET ADDRESS	500 NANHOE PLAZA	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VSD	<input type="checkbox"/>
NAME	WESELY, JAMES A.	
STREET ADDRESS	6967 SAVANNAH PARK	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James A. Wesley 4/16/98

CR2E034 (10/97)