

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

FILED
Mar 23 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 # J13380 (7)
 1. Corporation Name
SANDERS, MCEWAN, MARTINEZ, LUFF & DUKES, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 108 EAST CENTRAL BLVD. ORLANDO FL 32801		Mailing Address 108 EAST CENTRAL BLVD. ORLANDO FL 32801	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2668632	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	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	
24. Country	29. Country		

3. Date Incorporated or Qualified
05/08/1986

9. Name and Address of Current Registered Agent
**MCEWAN, JOHN S., II
 108 EAST CENTRAL BLVD.
 ORLANDO FL 32801**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DUKES, THOMAS E.	
STREET ADDRESS	210 E. COPELAND DRIVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCEWAN, JOHN S., II	
STREET ADDRESS	1321 WILKINSON ST	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, RAFAEL E.	
STREET ADDRESS	1115 WOODLAND ST	
CITY - ST - ZIP	ORLANDO FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LUFF, H. DAVID	
STREET ADDRESS	2510 FORREST CLUB DR.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUFFIER, WILLIAM	
STREET ADDRESS	1718 REPPARD ROAD	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John S. McEwan II* **JOHN S. MCEWAN II** 3/17/98 407-423-8571

CR2E034 (10/97)