

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

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Secretary of State

03-03-1999 90030 009 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J13380

1. Corporation Name
SANDERS, MCEWAN, MARTINEZ, LUFF & DUKES, P.A.



Principal Place of Business
**108 EAST CENTRAL BLVD.
 ORLANDO FL 32801**

Mailing Address
**108 EAST CENTRAL BLVD.
 ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
05/08/1986

4. FEI Number
59-2668632

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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 _____ 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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUKES, THOMAS E.	1.2 NAME	
STREET ADDRESS	210 E. COPELAND DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCEWAN, JOHN S., II	2.2 NAME	
STREET ADDRESS	1321 WILKINSON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, RAFAEL E.	3.2 NAME	
STREET ADDRESS	1115 WOODLAND ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUFF, H. DAVID	4.2 NAME	
STREET ADDRESS	2510 FORREST CLUB DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUFFIER, WILLIAM	5.2 NAME	
STREET ADDRESS	1716 REPPARD ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: H. DAVID LUFF 2/12/99 407-423-8571
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)