

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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J95813 (8)
 1. Corporation Name
DOWNTOWN WINTER HAVEN INC.

Principal Place of Business 505 AVENUE A. N.W. POST OFFICE BOX 194 WINTER HAVEN FL 33882	Mailing Address 505 AVENUE A. N.W. POST OFFICE BOX 194 WINTER HAVEN FL 33882-0194
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2. Principal Place of Business 21 200 Avenue B, NW Suite, Apt. #, etc. 22 P. O. Box 194 City & State 23 Winter Haven, FL Zip Country 24 33881 25 33881 30		2a. Mailing Address 26 200 Avenue B, NW Suite, Apt. #, etc. 27 P. O. Box 194 City & State 28 Winter Haven, FL Zip Country 29 33881 30		3. Date Incorporated or Qualified 09/30/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2876016		Applied For <input type="checkbox"/> 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		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent STRANG, CARL J., III 1912 HAWENDALE BLVD WINTER HAVEN FL 33881	10. Name and Address of New Registered Agent 81 Name Strang, Carl J., III 82 Street Address (P.O. Box Number is Not Acceptable) 200 Avenue B, NW 83 84 City Winter Haven, FL 85 Zip Code 33881
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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	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRANG, CARL J., JR.	1.2 NAME	
STREET ADDRESS	1050 W. LAKE OTIS DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	1.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALEY, WILLIAM L.	2.2 NAME	
STREET ADDRESS	W. LAKE ELOISE DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	2.4 CITY - ST - ZIP	
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRANG, CARL J., III	3.2 NAME	DST
STREET ADDRESS	P.O. BOX 194 N/A	3.3 STREET ADDRESS	STRANG, CARL J., III
CITY - ST - ZIP	WINTER HAVEN FL	3.4 CITY - ST - ZIP	200 Avenue B, NW
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	Winter Haven, FL 33881 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALEY, WILLIAM L., JR.	4.2 NAME	
STREET ADDRESS	507 AVENUE B, N.W.	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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 do 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97 941-299-1195 x324

Date Daytime Phone

0395173

CR2E034 (9/96)