


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

FILED
Jan 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 # K07111 (3)

1. Corporation Name
LEESBURG COMMERCE CENTER, INC.

Principal Place of Business

Mailing Address

501 E. JACKSON ST
ORLANDO FL 32801

501 E. JACKSON ST
ORLANDO FL 32801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 125 S. Swoope Ave.		2a. Mailing Address 26 125 S. Swoope Ave.		3. Date Incorporated or Qualified 12/14/1987	
Suite, Apt. #, etc. 22 Suite 103		Suite, Apt. #, etc. 27 Suite 103		4. FEI Number 59-2869596	
City & State 23 Maitland, Florida		City & State 28 Maitland, Florida		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32751		Country 25 Orange		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 Orange		Zip 29 32751		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	
Country 25 Orange		Country 30 Orange		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent MAGUIRE, RAYMER F., III 200 EAST ROBINSON STREET SUITE 1250 ORLANDO FL 32801				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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIEFERDECKER, HOWARD A.	1.2 NAME	
STREET ADDRESS	501 E. JACKSON ST	1.3 STREET ADDRESS	125 S. Swoope Ave., Suite 103
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Maitland, Florida 32751
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE, MYLREA	2.2 NAME	
STREET ADDRESS	608 E CENTAL BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBROUGH, ORMAN	3.2 NAME	
STREET ADDRESS	236 S. LUCRENE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGUIRE, RAYMER F., III	4.2 NAME	
STREET ADDRESS	200 E. ROBINSON ST. 1250	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE		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		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.

SIGNATURE: HOWARD A. SCHIEFERDECKER
SIGNATURE REQUIRED

1/14/98

CR2E034 (10/97)