

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L55288** (9)
1. Corporation Name
WEST SEMINOLE INVESTMENT CORP.

Principal Place of Business: **30 SKYLINE DR LAKE MARY FL 32746 US**
Mailing Address: **30 SKYLINE DR LAKE MARY FL 32746 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **03/02/1990**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2994800**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.03? Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**DOWD, E. MICHAEL
30 SKYLINE DRIVE
LAKE MARY FL 32746**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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: _____ (Name of registered agent and title if applicable) (Name of Registered Agent separate required when resigning) (All)

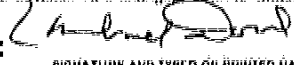
12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DOWD, E. MICHAEL
STREET ADDRESS	30 SKYLINE DRIVE
CITY ST ZIP	LAKE MARY FL
TITLE	S-
NAME	CULVERHOUSE, JOE
STREET ADDRESS	30 SKYLINE DRIVE
CITY ST ZIP	LAKE MARY FL
TITLE	F-
NAME	FERRITO, GEORGE
STREET ADDRESS	30 SKYLINE DRIVE
CITY ST ZIP	LAKE MARY FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Delete
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Delete
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP/SEL STAN GIOBENS
4.3 STREET ADDRESS	30 SKYLINE DR.
4.4 CITY ST ZIP	LAKE MARY, FL 32746
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:  E. Michael Dowd, Pres. 4/26/95 407/444-0401
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR