

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90171 029 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **L55288**

1. Corporation Name
WEST SEMINOLE INVESTMENT CORP.



Principal Place of Business 2101 WEST S.R. 434, STE 103 LONGWOOD FL 32779 US	Mailing Address 2101 WEST S.R. 434, STE 103 LONGWOOD FL 32779 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 366 E. GRAVES Ave	2a. Mailing Address 26 366 E. GRAVES Ave
22 Suite B	27 Suite B
23 ORANGE City, FL	28 ORANGE City, FL
24 32763 25 USA	29 32763 30 USA

3. Date Incorporated or Qualified 03/02/1990	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 59-2994800	
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
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
DOWD, MICHAEL E
~~2101 WEST S.R. 434, STE 103~~
~~LONGWOOD FL 32779~~

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	366 E. GRAVES Ave.
83	Suite B
84 City	ORANGE City
85 State	FL
86 Zip Code	32763

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	P	<input type="checkbox"/> DELETE
NAME	DOWD, MICHAEL E	
STREET ADDRESS	2101 WEST S.R. 434, STE 103	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DOWD, ROBERT H	
STREET ADDRESS	2101 WEST S.R. 434, STE 103	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WILSON, JOAN E	
STREET ADDRESS	2101 WEST S.R. 434, STE 103	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	366 E. GRAVES Ave. Suite B
1.4 CITY-ST-ZIP	ORANGE City, FL. 32763
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	366 E. GRAVES Ave. Suite B
2.4 CITY-ST-ZIP	ORANGE City, FL. 32763
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	366 E. GRAVES Ave. Suite B
3.4 CITY-ST-ZIP	ORANGE City, FL. 32763
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, with all other like empowered.

SIGNATURE: *[Signature]* / President 4/30/99 (904) 774-9318
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)