FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # DEPARTMENT OF THE SOUTH, INC.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

(8)

F	ILED	
May 05	1998	8:00am
Secret	ary of	State

Principal Place of Business Mailing Address 7214 LAUREL HILL ROAD ORLANDO FL 32618-5233 ORLANDO FL 32618-5233				T 10831131 101 11910 11931 1010 1010 1011 01011 01011 01011 01011 01011 01011 01011 10011 10011			
						3. Date Incorporated or Qualified 01/07/1986	
						4. FEI Number Applied For	
			<u></u>			59-2622256 Not Applicate	ile.
2. Principal	Place of Business	2a. Mailing Add	ress			5. Certificate of Status Desired	
Suite, Ap	t. #, etc.	Suite, Apt. #	, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & Str	ate	City & State				7. Is this nonprofit corporation a homeowners association?	
Žip 14	Country 25	Zip 29	30	untry	'	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered Agent	
			-	81	Name		
GRZELAK, JEFFERY H. 7214 LAUREL HILL ROAD		82	Street Address (P.O. Box Number is Not Acceptable)				
	IDO FL 32818-5233			83			
				84	City	FL 85 Zip Code	
11. Pursuar office or agent. I	nt to the provisions of Sections 617, registered agent, or both, in the S am familiar with, and accept the o	0502 and 617.1508, Flori tate of Florida. Such char bligations of, Section 617	da Statutes, the ige was authoriz .0503, Florida St	above ed by atutes	e-named corporations.	oration submits this statement for the purpose of changing its registers on's board of directors. I hereby accept the appointment as registered	d

(NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE EVANS LOW POSAS RD # 301 JONES, MIKE NAME 1.2 NAME 740 CAROLINA AVE 1.3 STREET ADDRESS STREET ADDRESS CAMARILLO, CA 93010 FT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE GUSS JOHN 495 OGLETHORPE SQUARE # N GRZELAK, JEFF H NAME 2.2 NAME 7214 LAUREL HILL RD STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL IONES BORO, GA CITY - ST - ZIP 2. 4 CITY-ST-ZIP Change TITLE □ DELETE 3.1 TITLE Addition NAME POE, JOHN 3.2 NAME 1203 N 17TH ST STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE WOODALL, DOUG NAME 4.2 NAME 4441 BIRKENHEAD STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 4.4 CITY - ST - ZIP M DELETE Change Addition TITLE 5.1 TITLE ROGER, WEIL NAME 5.2 NAME **5504 BLUEJACK OAK CIRCLE** STREET ADDRESS 5.3 STREET ADDRESS TAMARAC FL CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition

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 suppliemental 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

Description 1998 407 29575/0

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

SIGNATURE