

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N39067 (6)**  
1. Corporation Name  
**OLD TOWN MERCHANTS, INCORPORATED**



Principal Place of Business <b>5770 W IRLO BRONSON SUITE 324 KISSIMMEE FL 34746 US</b>	Mailing Address <b>5770 W IRLO BRONSON SUITE 324 KISSIMMEE FL 34746 US</b>
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3. Date Incorporated or Qualified <b>06/12/1990</b>
4. FEI Number <b>59-3041454</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>

9. Name and Address of Current Registered Agent  
**ZALESKI, JOHN J.  
5770 W IRLO BRONSON HWY 129  
KISSIMMEE FL 34746**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SUTTON, BYRON	
STREET ADDRESS	505 2ND AVE W	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MARTINEZ, JARED	
STREET ADDRESS	350 ISABELLA DR.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ZALESKI, JOHN J	
STREET ADDRESS	2202 CHARDONNAY COURT EAST	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOMSI, DIANE	
STREET ADDRESS	8108 CHIANTI DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GEAGEA, ANNIE	
STREET ADDRESS	7719 TWIN PINE COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thomas J. O'Neill	
3.3 STREET ADDRESS	5770 W IrloBronson Hwy, #324	
3.4 CITY-ST-ZIP	Kissimmee, FL 34746	
4.1 TITLE	D S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bobby Lance	
5.3 STREET ADDRESS	5770 W Irlo Bronson Hwy, #324	
5.4 CITY-ST-ZIP	Kissimmee, FL 34746	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas O'Neill* **THOMAS O'NEILL, TREAS** 4-30-98 407-396-4888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0083585

CR2E037 (10/97)