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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N50881 (4)

1. Corporation Name
SOUTHERN COUNTRY ORLANDO, INC.



Principal Place of Business Mailing Address
P.O. BOX 536358 ORLANDO FL 32853-6358

3. Date Incorporated or Qualified 09/14/1992
3a. Date of Last Report 01/08/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-3147433
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HRYNIO, STANLEY
3721 ST. MORITZ
ORLANDO FL 32812

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AMENT, PHILLIP	
STREET ADDRESS	2020 WHITE AVE.	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STELDT, RUSS	
STREET ADDRESS	1205 CHELSEA PL.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURRILL, JOHN	
STREET ADDRESS	3721 ST. MORITZ	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASSEY, JOSIE	
STREET ADDRESS	922 N. FERNCREEK	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HRYNIO, STANLEY	
STREET ADDRESS	3721 ST. MORITZ	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MURTHA, JERRY	
STREET ADDRESS	610 WEST PRINCETON	
CITY-ST-ZIP	ORLANDO FL 32804	

1.1 TITLE	Co-Chair	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DENNIS SKIPPER	
1.3 STREET ADDRESS	PO BOX 536532 N/A	
1.4 CITY-ST-ZIP	ORLANDO, FL 32853-6532	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID STENDEL	
2.3 STREET ADDRESS	576B ST CHRISTOPHER DR	
2.4 CITY-ST-ZIP	ORLANDO, FL 32822	
3.1 TITLE	XXXXXXXXXX	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	XXXXXXXXXX	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	ASST. TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AMENT PHILLIP	
6.3 STREET ADDRESS	2020 WHITE AVE	
6.4 CITY-ST-ZIP	ORLANDO, FL 32806	

14. I do 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: *John Burrill* + *John Burrill* 1/31/97 (407) 859-4299

CR2E037 (9/96)