

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra E. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50881 (4)

1. Corporation Name
SOUTHERN COUNTRY ORLANDO, INC.



Principal Place of Business P.O. BOX 536358 ORLANDO FL 32853-6358	Mailing Address P.O. BOX 536358 ORLANDO FL 32853-6358
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3. Date Incorporated or Qualified
09/14/1992

4. FEI Number
59-3147433

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

HRYNIO, STANLEY
3721 ST. MORITZ
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name JOHN BURROUGHS
82 Street Address (P.O. Box Number is Not Acceptable) 5861 LA COSTA DRIVE
83
84 City ORLANDO
85 Zip Code FL 32807

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: *[Signature]* DATE: **4/25/98**

Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	SKIPPER, DENNIS	
STREET ADDRESS	PO BOX 536532	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STENDEL, DAVID	
STREET ADDRESS	5758 ST CHRISTOPHER DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURRILL, JOHN	
STREET ADDRESS	3721 ST. MORITZ	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MASSEY, JOSIE	
STREET ADDRESS	922 N. FERNCREEK	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HRYNIO, STANLEY	
STREET ADDRESS	3721 ST. MORITZ	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	PHILLIP, AMENT	
STREET ADDRESS	2020 WHITE AVE	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DENNIS SKIPPER	
1.3 STREET ADDRESS	939 1/2 N. SHINE	
1.4 CITY-ST-ZIP	ORLANDO FL 32803	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BARRY SANFORD	
2.3 STREET ADDRESS	P.O. Box 536532	
2.4 CITY-ST-ZIP	ORLANDO FL 32853-6358	N/A
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHN BURROUGHS	
3.3 STREET ADDRESS	5861 LA COSTA DRIVE	
3.4 CITY-ST-ZIP	ORLANDO, FL 32807	
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	TREASURER D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PHILLIP AMENT	
6.3 STREET ADDRESS	5861 LA COSTA DRIVE	
6.4 CITY-ST-ZIP	ORLANDO FL 32807	

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: *[Signature]* DATE: **4/25/98** (402) 940-1177

CR2E037 (10/97)