

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. McPherson Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N93000004150 (9)
 1. Corporation Name
SANFORD MAIN STREET, INC.



Principal Place of Business 204 N PARK AVE 106 SANFORD FL 32771 US	Mailing Address P O BOX 1741 SANFORD FL 32772 US
--	--

3. Date Incorporated or Qualified 09/08/1993	Applied For Not Applicable
4. FEI Number 59-3191854	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PARSELL, ROBERT J
207 E 25TH ST
SANFORD FL 32771**

10. Name and Address of New Registered Agent

81 Name Robert N PARSELL
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	PD PARSELL, ROBERT J 207 E 25TH ST SANFORD FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Robert N Parsell Jr.
STREET ADDRESS		1.3 STREET ADDRESS	207 E 25th St
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Sanford, FL 32771
TITLE	VD FERRELL, CAREY 116 E 1ST ST SANFORD FL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Skat, Michael
STREET ADDRESS		2.3 STREET ADDRESS	1617 E 2nd Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Sanford, FL 32771
TITLE	D BARWICK, BILL 1780 W AIRPORT BLVD SANFORD FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Acley, John
STREET ADDRESS		3.3 STREET ADDRESS	251 W. 1st St
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Sanford, FL 32771
TITLE	SD CREWS, DIANE 300 N PARK AVE SANFORD FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Faumer, Andrea
STREET ADDRESS		4.3 STREET ADDRESS	P.O. Box 470309
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lake Monroe, FL 32747
TITLE	D ADAMSON, BRENT 401 W. 13TH STREET SANFORD FL 32772-1788	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Fitzgerald, Bernard
STREET ADDRESS		5.3 STREET ADDRESS	201 East 1st St
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Sanford, FL 32771
TITLE	D GRACE, KEVIN 1101 E. FIRST STREET SANFORD FL 32771	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Mills, Jerry
STREET ADDRESS		6.3 STREET ADDRESS	701 W. 3rd St
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Sanford, FL 32771

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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: _____ 1/26/98 (407) 321-0885

CR2E037 (10/97)