

FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90100 028 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004150

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
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2. Principal Place of Business 21 102 Park Ave.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 09/08/1993
22 City & State 23 Sanford, Florida	27 City & State	4. FEI Number 59-3191854 Applied For Not Applicable
24 Zip 32771	25 Country	29 Zip 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

9. Name and Address of Current Registered Agent PARSELL, ROBERT N 207 E 25TH ST SANFORD FL 32771	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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME PARSELL, ROBERT JR	1.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 207 E 25TH ST	CITY-ST-ZIP SANFORD FL 32771	1.2 NAME	
TITLE VD	NAME SKAT, MICHAEL	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1617 E 2ND ST	CITY-ST-ZIP SANFORD FL 32771	1.4 CITY-ST-ZIP	
TITLE D	NAME BARWICK, BILL	2.1 TITLE Carey Ferrell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1780 W AIRPORT BLVD	CITY-ST-ZIP SANFORD FL	2.2 NAME 200 Woods Trail	
TITLE SD	NAME CREWS, DIANE	2.3 STREET ADDRESS Sanford, FL 32771	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 300 N PARK AVE	CITY-ST-ZIP SANFORD FL	2.4 CITY-ST-ZIP	
TITLE D	NAME FITZGERALD, BERNARD	3.1 TITLE Kim House	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 201 E 1ST STREET	CITY-ST-ZIP SANFORD FL 32772-1788	3.2 NAME 1105 Oak Ave	
TITLE D	NAME MILLS, JERRY	3.3 STREET ADDRESS Sanford, FL 32771	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 701 W 3RD ST	CITY-ST-ZIP SANFORD FL 32771	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
TITLE	NAME	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
TITLE	NAME	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)(l), 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, with all other lines empowered.

SIGNATURE: _____ DATE: **1-12-99** DAYTIME PHONE #: **407-322-5600**

CR2E037 (11/98)