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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002709 (2)**

1. Corporation Name

MAIN STREET WINTER HAVEN, INC.



Principal Place of Business	Mailing Address
505 AVE. A. NW 101-C WINTER HAVEN FL 33881 US	P.O. BOX 32 WINTER HAVEN FL 33881 US

3. Date Incorporated or Qualified	06/01/1995
4. FEI Number	59-3319831
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
TURNER, MARK G 255 MAGNOLIA AVENUE S.W. WINTER HAVEN FL 33880	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D DELETE
NAME	ADAMS, BEN
STREET ADDRESS	P.O. BOX 9087 N/A
CITY-ST-ZIP	WINTER HAVEN FL 33883
TITLE	D DELETE
NAME	FREIJO, TOM
STREET ADDRESS	421 2ND STREET N.W.
CITY-ST-ZIP	WINTER HAVEN FL 33883
TITLE	D <input type="checkbox"/> DELETE
NAME	KAHLER, JUDY
STREET ADDRESS	P.O. BOX 7325 N/A
CITY-ST-ZIP	WINTER HAVEN FL 33883
TITLE	D <input type="checkbox"/> DELETE
NAME	BECK, DENNIS
STREET ADDRESS	11 5TH STREET S.W.
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	D DELETE
NAME	DOTY, BILL
STREET ADDRESS	299 6TH STREET S.W.
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	PD <input type="checkbox"/> DELETE
NAME	WEST, GENE
STREET ADDRESS	1201 MAGNOLIA AVENUE S.W.
CITY-ST-ZIP	WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D RALEY, BILL
1.3 STREET ADDRESS	P.O. BOX 1112 N/A
1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33882
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D CASEY, KELLY
2.3 STREET ADDRESS	220 W. CENTRAL AVE
2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880
3.1 TITLE	<input 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D LOCKHART, STEVE
5.3 STREET ADDRESS	305 AVE. K, SE
5.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880
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 in an attachment with an address.

SIGNATURE:

[Handwritten Signature]

JUDY A. KAHLER

2-2-98

941-295-9422

CR2E037 (10/97)