


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001647 (4)

1. Corporation Name
WINTER PARK COMMERCE CENTER, A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 6976 ALOMA AVENUE WINTER PARK FL 32792	Mailing Address 6976 ALOMA AVENUE WINTER PARK FL 32792
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/21/1996	3a. Date of Last Report C-
4. FEI Number 59-3374334	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. 3586 ALOMA AVE Suite, Apt. #, etc. 22. SUITE 5 City & State 23. WINTER PARK FL Zip 24. 32792	Country 25. ORANGE	2a. Mailing Address 26. P.O. BOX 5420 Suite, Apt. #, etc. 27. City & State 28. WINTER PARK FL Zip 29. 32793	Country 30. ORANGE
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9. Name and Address of Current Registered Agent

ADKINS, B G
6976 ALOMA AVENUE
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
	3586 ALOMA AVE		WINTER PARK, FL	32792

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 Burley G. Adkins **BURLEY G. ADKINS** 7-25-97

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	ADKINS, B G	6976 ALOMA AVENUE	WINTER PARK FL 32792	
VD	BRENNER, CHARLES	6976 ALOMA AVENUE	WINTER PARK FL 32792	
STD	HUBBS, HAYNES	POST OFFICE BOX 522 N/A	CAMDEN TN	
D	HUBBS, LINDA	POST OFFICE BOX 522 N/A	CAMDEN TN	
D	HUBBS, JAMES	POST OFFICE BOX 522 N/A	CAMDEN TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	ADKINS BURLEY G	P.O. BOX 5420	WINTER PARK, FL 32793	N/A
VD	BRENNER, CHARLES	3586 ALOMA AVE, SUITE 5	WINTER PARK, FL 32792	
STD	HUBBS, HAYNES	PO BOX 847	CAMDEN, TENN 38320	N/A
D	HUBBS, LYNDA	P.O. BOX 847	CAMDEN, TENN 38320	N/A
D	HUBBS, JAMES	P.O. BOX 847	CAMDEN, TN 38320	N/A

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 Burley G. Adkins **BURLEY G. ADKINS** 7-25-97

CR2E037 (4/97)