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**Mar 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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		Mailing Address	
3586 ALOMA AVE SUITE 5 WINTER PARK FL 32792 US		P.O BOX 5420 WINTER PARK FL 32793 US	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	03/21/1996
4. FEI Number	59-3374334
Applied For	Not Applicable
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 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

**ADKINS, B G
8588 ALOMA AVE
SUITE 5
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

81	Name	ADKINS, BURLEY
82	Street Address (P.O. Box Number is Not Acceptable)	3586 ALOMA AVE, SUITE 5
83		
84	City	Winter Park
85	Zip Code	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, PRES.** DATE: **2-16-98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ADKINS, B G	
STREET ADDRESS	P.O BOX 5420 N/A	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRENNER, CHARLES	
STREET ADDRESS	3586 ALOMA AVE., SUITE 5	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HUBBS, HAYNES	
STREET ADDRESS	P.O BOX 847	
CITY-ST-ZIP	CAMDEN TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUBBS, LINDA	
STREET ADDRESS	P.O BOX 847 N/A	
CITY-ST-ZIP	CAMDEN TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUBBS, JAMES	
STREET ADDRESS	P.O BOX 847 N/A	
CITY-ST-ZIP	CAMDEN TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BURLEY G. ADKINS	
1.3 STREET ADDRESS	890 E. LAKE SUE AVENUE	
1.4 CITY-ST-ZIP	WINTER PARK, FL	32789
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRENNER, CHARLES	
2.3 STREET ADDRESS	3586 ALOMA AVE.	
2.4 CITY-ST-ZIP	WINTER PARK, FL	32792
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HUBBS, HAYNES	
3.3 STREET ADDRESS	P.O. BOX 847	NA
3.4 CITY-ST-ZIP	CAMDEN, TN	38320
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HUBBS, LINDA	
4.3 STREET ADDRESS	P.O. BOX 847	NA
4.4 CITY-ST-ZIP	CAMDEN, TN	38320
5.1 TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HUBBS, JAMES	
5.3 STREET ADDRESS	707 IRONWOOD CT.	32708
5.4 CITY-ST-ZIP	WINTER SPRINGS, FL	32780
6.1 TITLE		<input checked="" 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 on an attachment with an address.

SIGNATURE: *Burley G. Adkins* **1-23-98**

CPRE037 (10/97)