

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005700 (7)

SOUTH STREET COMMERCE PARK OWNERS ASSOCIATION, INC.



Principal Place of Business: 1001-2 S 14TH ST, LEESBURG FL 34748
Mailing Address: 1001-2 S 14TH ST, LEESBURG FL 34748-6616

3. Date Incorporated or Qualified: 11/04/1996
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

4. FEI Number: 59-3410875
Applied For: Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATTHEWS, MARC
1001-2 S 14TH ST
LEESBURG FL 34748

81 Name: MATTHEWS, MARC
82 Street Address (P.O. Box Number is Not Acceptable): 720 W. Magnolia
83
84 City: LEESBURG FL FL 85 Zip Code: 34748

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] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD BOYD, MARTIN; STD MATTHEWS, MARC; D BOYD, EUGENE.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes checkboxes for Change and Addition.

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, or is being changed, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352
3-1497 787 8916
Date: Daytime Phone # 0070205

CR2E037 (9/96)