

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000004086 (4)

1. Corporation Name
SEMINOLE OF OKEECHOBEE/JUPITER, INC.

Principal Place of Business
803 W. S. PARK STREET
OKEECHOBEE FL 34974
US

Mailing Address
803 W.S. PARK STREET
OKEECHOBEE FL 34974
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/06/1992	Applied For Not Applicable
4. FEI Number 65-0395308	
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 type="checkbox"/> Yes <input type="checkbox"/> No	

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 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

COOK, JOHN R
202 N.W. 5TH AVENUE
OKEECHOBEE FL 34972

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	PD	<input checked="" type="checkbox"/> DELETE
NAME	AKERS, CHARLES L JR.	
STREET ADDRESS	3108 S.E. 31ST COURT	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	AKERS, CHARLES L JR.	
STREET ADDRESS	3108 S.E. 21ST. COURT	
CITY-ST-ZIP	JUPITER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WALDEN, RHONDA L	
STREET ADDRESS	8350 9TH STREET	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WALDRON, RHONDA L	
STREET ADDRESS	8350 S.W. 9TH ST	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Byrd, J. m L. Sr.	
1.3 STREET ADDRESS	2623 SE 30th St.	
1.4 CITY-ST-ZIP	Okeechobee, FL 34974	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Byrd, Shemyle S.	
4.3 STREET ADDRESS	2623 SE 30th St.	
4.4 CITY-ST-ZIP	Okeechobee, FL 34974	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Shemyle S. Byrd*

2-16-98 941-467-0300

CR2E034 (10/97)