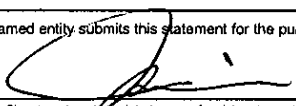
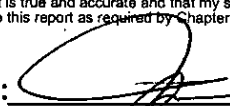
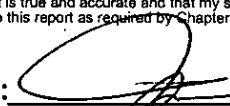


APPROVED
AND
FILED

00 JUN -8 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000072572							
1. Entity Name SPRING LAKE VILLAGE, INC.							
Principal Place of Business 37 N. Orange Ave. Suite 800 Orlando, Fl. 32801				Mailing Address Same			
2. Principal Place of Business 37 N. Orange Avenue				3. Mailing Address			
Suite, Apt. #, etc. Suite 800				Suite, Apt. #, etc.			
City & State Orlando, Fl.				City & State		4. FEI Number 62-1652854	
Zip 32801		Country USA		Zip		Country	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable			
6. Name and Address of Current Registered Agent Jeffrey L. Klein 37 N. Orange Avenue Suite 800 Orlando, Florida 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE  <u>Jeffrey L. Klein, President</u> DATE <u>6-7-00</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>				<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILE NOW!!! FEE IS \$160.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State </div>			
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees							
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST- ZIP	President/D Jeffrey L. Klein 37 N. Orange Ave Ste. 800 Orlando, Fl. 32801 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.				<div style="text-align: right;">  JEFFREY L. KLEIN PRESIDENT </div>			
SIGNATURE: 				7 June 2000 407/872-7404			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			

CR2E034 (9/99)

300003281369-4



ACCOUNT NO. : 072100000032

REFERENCE : 724442 8657A

AUTHORIZATION

Patricia Pujato

COST LIMIT : \$ 558.75

ORDER DATE : June 8, 2000

ORDER TIME : 10:03 AM

ORDER NO. : 724442-005

CUSTOMER NO: 8657A

CUSTOMER: Ramsey W. Dulin, Esq
201 East Pine Street
Suite 425
Orlando, FL 32801

ANNUAL REPORT FILING

NAME: SPRING LAKE VILLAGE, INC.

RECEIVED
00 JUN -8 AM 11:24
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward/bkc

EXAMINER'S INITIALS: _____