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Apr 16 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 # P96000084426 (1)

1. Corporation Name
OVIEDO PLAZA, INC.

Principal Place of Business

6355 METRO WEST BLVD
STE #330
ORLANDO FL 32835
US

Mailing Address

6355 METRO WEST BLVD
STE #330
ORLANDO FL 32835
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/10/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3407465
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	30
25	29	30

9. Name and Address of Current Registered Agent

ROSSMAN, NANCY A
6355 METRO WEST BLVD
STE #330
ORLANDO FL 32835

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPST	1.1 TITLE	VTSD
NAME	ROSSMAN, NANCY A	1.2 NAME	
STREET ADDRESS	6355 METRO WEST BLVD, #330	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	ZUCKERMAN, GREGG	2.2 NAME	
STREET ADDRESS	1600 N. ORANGE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	
NAME	MCGEE, THOMAS	3.2 NAME	
STREET ADDRESS	1600 N. ORANGE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	
NAME	ROSSMAN, RUTH J	4.2 NAME	
STREET ADDRESS	6355 METRO WEST BLVD, #330	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

[Signature]

President

3/18/98

(407) 523-2329

CR2E034 (10/97)