

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

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90061 040 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000041456</b> 1. Corporation Name <b>1808 EAST SEMORAN, INC.</b>			
Principal Place of Business <b>151 LOOKOUT PLACE</b> <b>SUITE 200A</b> <b>MAITLAND FL 32751</b>		Mailing Address <b>151 LOOKOUT PLACE</b> <b>SUITE 200A</b> <b>MAITLAND FL 32751</b>	
2. Principal Place of Business 21 <b>222 S. Westmonte</b> Suite, Apt. #, etc. 22 <b>Ste 105</b> City & State 23 <b>Altamonte Springs FL</b> Zip 24 <b>32714</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>P.O. Box 160817</b> Suite, Apt. #, etc. 27 <b>-</b> City & State 28 <b>Altamonte Springs FL</b> Zip 29 <b>32716-0817</b> Country 30 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>NATION, RON</b> <b>347 HAVERLAKE CIRCLE</b> <b>APOPKA FL 32712</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NATION, RON</b>	1.2 NAME	
STREET ADDRESS	<b>151 LOOKOUT PLACE SUITE 200A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRUETT, WILLIAM H III</b>	2.2 NAME	
STREET ADDRESS	<b>151 LOOKOUT PLACE SUITE 200A</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**William H. Pruett III**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/99** **(407) 777-3344**  
Date Daytime Phone #

CR2E034 (11/98)