

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

FILED
Feb 09 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 # **P97000070956 (2)**

1. Corporation Name
LONGWOOD COMMERCE CENTER, INC.



Principal Place of Business 499 N STATE ROAD 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714	Mailing Address 499 N STATE ROAD 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/15/1997	
21		26		4. FEI Number 59-3467612	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		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	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent MOORE, BARBARA J 499 N STATE ROAD 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714				10. Name and Address of New Registered Agent	
				81 Name	HOLLINGSWORTH, GEORGE R., II
				82 Street Address (P.O. Box Number is Not Acceptable)	499 N. ST. RD. 434
				83	SUITE 2179
				84 City	ALTAMONTE SPRINGS, FL
				85 Zip Code	32714

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  **GEORGE R. HOLLINGSWORTH, II** **1/28/98**
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	MOORE, B. J.
STREET ADDRESS		1.3 STREET ADDRESS	499 N. ST. RD. 434, SUITE 2179
CITY-ST-ZIP		1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	BINFORD, T. A.
STREET ADDRESS		2.3 STREET ADDRESS	499 N. ST. RD. 434, SUITE 2179
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	STEIN, TRACY S.
STREET ADDRESS		3.3 STREET ADDRESS	499 N. ST. RD. 434, SUITE 2179
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	HOLLINGSWORTH, G. R., II
STREET ADDRESS		4.3 STREET ADDRESS	499 N. ST. RD. 434, SUITE 2179
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" 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)(l), 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 registered or authorized agent 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.

G. R. HOLLINGSWORTH, II

CR2E034 (10/97)