

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR -6 AM 6:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N13973** (5)

1. Corporation Name  
**LAMBDA CENTRAL, INC.**

Principal Place of Business Mailing Address  
**% RICHARD F. SCOTT** **% RICHARD F. SCOTT**  
**109 NORTH HILL** **109 NORTH HILL**  
**ORLANDO FL 32801** **ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

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 30

3. Date Incorporated or Qualified **03/21/1986** 3a. Date of Last Report **04/18/1994**  
4. FEI Number **40-4960736** Applied For Not Applicable

5. Certificate of Status Desired  **\$0.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ARPENTER, RON**  
**5181 DOCKSIDE DRIVE**  
**ORLANDO FL 32822**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	V
NAME	KRAUCH, STEVEN
STREET ADDRESS	5429 SNOWFLAKE CT
CITY - ST - ZIP	ORLANDO FL
TITLE	P
NAME	LAMONICA, CATHERINE
STREET ADDRESS	1090 WINDY WAY
CITY - ST - ZIP	APOPKA FL
TITLE	S
NAME	MURICA, DEBORAH
STREET ADDRESS	8458 STARDUST LANE
CITY - ST - ZIP	ORLANDO FL
TITLE	T
NAME	SCHWARTZ, PAMELA
STREET ADDRESS	1090 WINDY WAY
CITY - ST - ZIP	APOPKA FL
TITLE	D
NAME	CARROLL, LORI
STREET ADDRESS	504 EASTBROOK BLVD.
CITY - ST - ZIP	WINTER PARK FL
TITLE	D
NAME	PRINCE, WENDIE
STREET ADDRESS	3118 WESSEX ST
CITY - ST - ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	President P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Dennis Enos
13 STREET ADDRESS	3921 Chelsea Street
14 CITY - ST - ZIP	Orlando, FL 32803
21 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Joe Barros
23 STREET ADDRESS	2540 Mayor Street
24 CITY - ST - ZIP	Orlando, FL 32806
31 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Faith Geller
33 STREET ADDRESS	1859 S. Simmon Blvd #D
34 CITY - ST - ZIP	Orlando, FL 32822
41 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	K. Janice Manley
43 STREET ADDRESS	210 S. Hampton Ct
44 CITY - ST - ZIP	Sanford, FL 32773
51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Andy Brown
53 STREET ADDRESS	555 North Lake Blvd #42
54 CITY - ST - ZIP	Ait. Sprgs., FL 32701
61 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Robert Kirk
63 STREET ADDRESS	2600 S. Nashville St
64 CITY - ST - ZIP	Orlando, FL 32802

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 such name only; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karen Janice Manley*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-95 (407) 461-8783  
Date (Digitize Please)