

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 24 PM 2:21

DOCUMENT # **N48419** (8)

1. Corporation Name  
**CENTRAL FLORIDA REAL ESTATE INVESTORS, INC.**

Principal Place of Business Mailing Address  
8424 CEDAR COVE DR ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/17/1992** 3a. Date of Last Report **04/21/1994**

4. FEI Number **59-3117856** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

5. Certificate of Status Desired  \$8.75 Additional Fee Required

21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

22 City & State 27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

24 Zip Country 25 Country 29 Zip Country 30

9. Name and Address of Current Registered Agent  
**ZILL, DAVID A.  
3959 S NOVA RD  
SUITE 27  
PORT ORANGE FL 32127**

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 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, DUANE
STREET ADDRESS	604-114 CHESTNUT OAK CT
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	VPD
NAME	BURT, CHUCK
STREET ADDRESS	1081 N LAKE SYBELIA DR
CITY-ST-ZIP	MAITLAND FL
TITLE	VPD
NAME	STEVE FLEWELLING
STREET ADDRESS	130 MARINER WAY
CITY-ST-ZIP	MAITLAND FL
TITLE	TD
NAME	SCHMID, GREG
STREET ADDRESS	4269 IRON GATE CT.
CITY-ST-ZIP	SANFORD FL
TITLE	SD
NAME	WADE, GARY
STREET ADDRESS	885 PINEAPPLE RD
CITY-ST-ZIP	SOUTH DAYTONA FL
TITLE	D
NAME	GILLIHER, KEN
STREET ADDRESS	8424 CEDAR COVE DR
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STEVEN FLEWELLING	
1.3 STREET ADDRESS	130 MARINER WAY	
1.4 CITY-ST-ZIP	MAITLAND, FL 32751	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHUCK BURT	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GREG SCHMID	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GARY WADE	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Greg Schmid **Greg Schmid** 3/12/95 407-324-3808