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NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED Mar 08, 1996 08:00 AM Secretary of State

DOCUMENT # N48419 (8) CENTRAL FLORIDA REAL ESTATE INVESTORS, INC.



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

3. Date Incorporated or Qualified 04/17/1992 3a. Date of Last Report 03/24/1995 4. FEI Number 59-3117856 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 21 2a. Mailing Address 26 Suite, Apt. #, etc. 22 City & State 27 City & State 23 Zip 24 Country 25 Zip 28 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 617.0502 and 617.1508, 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 617.0503, 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 PD FLEWELLING, STEVEN 130 MARINER WAY MAITLAND FL VPD BURT, CHUCK 1081 N LAKE SYBELIA DR MAITLAND FL TD SCHMID, GREG 4269 IRON GATE CT. SANFORD FL SD WADE, GARY 885 PINEAPPLE RD SOUTH DAYTONA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PD 1.2 NAME STEVEN FLEWELLING 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE VPD 2.2 NAME CHUCK BURT 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE TD 3.2 NAME RYAN Z. KANAGA 3.3 STREET ADDRESS 71 S. EDMON AVE. 3.4 CITY-ST-ZIP WINTER SPRINGS FL 32708 4.1 TITLE SD 4.2 NAME JACK LARIBE 4.3 STREET ADDRESS 410 Alcazar Ave. 4.4 CITY-ST-ZIP Altamonte Springs FL 32714 5.1 TITLE VPD 5.2 NAME CONNIE O'HANLON 5.3 STREET ADDRESS 827 DIVISION 5.4 CITY-ST-ZIP OVIEDO FL 32765

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)(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 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 in an attachment with an address.

SIGNATURE: Ryan Z. Kanaga Ryan Z. Kanaga 3-5-96 407-862-2292 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CP2E037 (12/95)