

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48419 (8)
1. Corporation Name
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 32819-4110
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3. Date Incorporated or Qualified 04/17/1992	3a. Date of Last Report 03/08/1996
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2. Principal Place of Business 21 P.O. Box 940545 Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 940545 Suite, Apt. #, etc.
22 City & State Maitland FL	27 City & State Maitland FL
24 Zip 32794 Country USA	29 Zip 32794 Country USA

4. FEI Number 59-3117856	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 **Rick Kanaga**
82 Street Address (P.O. Box Number is Not Acceptable) **980 Montgomery Road #3**
83
84 City **Altamonte Springs FL** 85 Zip Code **32714**

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: *Rick Kanaga* DATE: **April 8, 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEWELLING, STEVEN	1.2 NAME	
STREET ADDRESS	130 MARINER WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURT, CHUCK	2.2 NAME	
STREET ADDRESS	1081 N LAKE SYBELIA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANAGA, RYAN	3.2 NAME	
STREET ADDRESS	71 S EDMON AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARIBE, JACK	4.2 NAME	
STREET ADDRESS	410 ALCAZAR AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'HANLON, CONNIE	5.2 NAME	
STREET ADDRESS	827 DIVISION	5.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	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 do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or in an attachment with an address.

SIGNATURE: *Ryan Kanaga* DATE: **4/8/97** DAYLINE PHONE # **407-862-2292**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)