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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 P.O. BOX 940545 MAITLAND FL 32794 US	Mailing Address P.O. BOX 940545 MAITLAND FL 32794 US
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3. Date Incorporated or Qualified 04/17/1992	
4. FEI Number 59-3117856	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

KANAGA, RICK
980 MONTGOMERY ROAD., #3
~~MAITLAND~~
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 Remove Suite: 27	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FLEWELLING, STEVEN	
STREET ADDRESS	130 MARINER WAY	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BURT, CHUCK	
STREET ADDRESS	1081 N LAKE SYBELIA DR	
CITY-ST-ZIP	MAITLAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KANAGA, RYAN	
STREET ADDRESS	71 S EDGEMON AVE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LARIBE, JACK	
STREET ADDRESS	410 ALCAZAR AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	O'HANLON, CONNIE	
STREET ADDRESS	827 DIVISION	
CITY-ST-ZIP	OVIEDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Burt, Chuck	
1.3 STREET ADDRESS	1081 N. Lake Sybelia Drive	
1.4 CITY-ST-ZIP	Maitland, FL 32751	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Duhovec, Rudy	
2.3 STREET ADDRESS	821 Whiporwill Drive	
2.4 CITY-ST-ZIP	Port Orange, FL 32019	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	380 S. State Road 434 Suite 1004-17	
3.4 CITY-ST-ZIP	Altamonte Springs FL 32714	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
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 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 supplementary 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: *Ryan Kanaga* **RYAN Z. KANAGA 2/4/98 407-862-2292**

CP2E037 (10/97)