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Mar 03, 1999 8:00 am
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03-03-1999 90081 026 ****61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48419

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/17/1992

4. FEI Number

59-3117856

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

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

TITLE VPD DELETE
NAME DUBOVEC, RUDY
STREET ADDRESS 821 WHIPORWILL DRIVE
CITY-ST-ZIP PORT ORANGE FL 32019

TITLE PD DELETE
NAME BURT, CHUCK
STREET ADDRESS 1081 N LAKE SYBELIA DR
CITY-ST-ZIP MAITLAND FL 32751

TITLE TD DELETE
NAME KANAGA, RYAN
STREET ADDRESS 380 S. STATE ROAD 434 SUITE 1004-174
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE SD DELETE
NAME LARIBE, JACK
STREET ADDRESS 410 ALCAZAR AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE VPD DELETE
NAME O'HANLON, CONNIE
STREET ADDRESS 827 DIVISION
CITY-ST-ZIP OVIEDO FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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 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, with all other like empowered.

SIGNATURE:

Kanaga SIGNATURE REQUIRED

2/16/99

407-962-2292 x16

CR2E037 (1/98)