## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

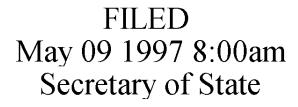
Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # P94000028305 (8)

CENTRAL STATE, INC.

Principal	Place of	Business
407 LAKE	HOWELL	. ROAD

Mailing Address





407 LAKE HO MAITLAND FL		407 LAKE HOWELL ROAD MAITLAND FL 32751-8026		. •		. 1				
			3. Date Incorpt 04/12/198	orated or Qualified		Date of Last Report <b>04/16/1996</b>		]		
Principal Place of Business     The Principal Place of Business		2a. Mailing Address	28. Mailing Address 26		4. FEI Number	/4	J <u>U4/</u> I		pplied For	+
		26			59-3232	59-3232568			ot Applicable	1
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of				Additional tequired	
City & Stat		City & State			6. Election Can Trust Fund C	palgn Financing ontribution			May Be to Fees	
Zip 24	Country 25	29	<del></del>		Florida Statu	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Y Yes \( \bigcap \) No				
	9. Name and Address of Curre	· · · · · · · · · · · · · · · · · ·		-T	10. Name and Address of New Registered Agent					
<u>ge</u>	HO, EMEN HAYSAM	GEORGI	8	110	1AZYAH	1 GEO	RGI			
(407	TLAND FL 32751	7 LAKE HOWER RO	8	2 Street A	Address (P.O. Box Num!	per is Not Acceptab	le)			1
MA	TLAND FL 32751 $\sim$	1TIAMO FL 3275	1 8	40		wwell	ROAD			
	VX		"		AITLAND	FL	327	151		
			8	4 City					Code	1
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the abo	vo-named :	corporation submits this	statement for the o	urpose of c	hanging	its registered	
office or r agent, I a	to the provisions of Sactions 607.05 egistered agont, or both, in the Stat m familiar with, and occept the oblig	e of Florida: Such change was au pations of Section 607-0505. Flor	ithorized b	by the corp	oration's board of direc	tors. I hereby accep	I the appoir	itment as	registered	
SIGNATURE	Tal	HA	MSAN	6	EOL61					
					required when re-instating)		DATE			]_
12. TITLE		ND DIRECTORS  DELETE	13.	<del></del>	ADDITIONS/C	HANGES TO OFFIC	·	_		(yo/o
NAME	D	(N) DELCTE	1.1 THE				L.	_] Change	Addition	ĝ
STREET ADORESS	GEORGI, EMILE V- SS 407 LARE-HOWELL ROAD		1.2 NAME							2
CITY-ST-ZIP	MARILAND FL 32751		1	1 ADDRESS						μ
TITLE	D	DELETE	2.1 TITLE	21-741,				Change	Addition	ļģ
NAME	GEORGI, HAYSAM		2.2 NAME				<b>L</b>	, onongo		
STREET ADDRESS	tanta asin saturna masa		2 3 STREET ADDRESS							
CITY-ST-ZIP	MAJTLAND FL 32751		2. 4 CITY	1						
TITLE	0 %	X DELETE	3.1 TITLE				L	Change	Addition	1
NAME	GEORGI, MARY G		3.2 NAME	İ						
STREET ADDRESS	407 LAKE HOWELL ROAD		3.3 STREE	1 ADDRESS						1
CITY-ST-ZIP	-MATLAND PL 32751		3.4. CITY	- S1 - ZIP						]
TITLE	D	☐ DELETE	4.1 TITLE					Change	Addition	
NAME	GEORGI, MAISON D		4. 2 NAM	[ ]						
STREET ADDRESS	407 LAKE HOWELL ROAD			1 ADDRESS						
CITY-ST-ZIP TITLE	MAITLAND FL 32751	DELETE	4.4 CHY-	S1-ZIP				100000	A days	_
NAME			5.1 TITLE				<u>L</u>	_ Change	Addition	
STREET ADDRESS	1		5.2 NAME	T ADDRESS						
CITY-ST-ZIP	•		5.3 SINE	- 1						
TITLE		DELETE	61 IIII E	01-71t				Change	Addition	1
NAME			6.2 NAME				<b>L</b>			
STREET ADDRESS			•	1 ADDRESS						1
CITY-ST-ZIP			6.4 CHY-	ST-ZIP						
TAI 1 min havet	and the second s	1 20 (0.1 40)								-4

I do hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.