

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000006113

1. Corporation Name
CENTRAL FLORIDA Z CLUB INC.



Principal Place of Business
2516 AMYRIS COURT
ZELLWOOD FL 32798

Mailing Address
2516 AMYRIS COURT
ZELLWOOD FL 32798

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2916 QUINCY COURT
Suite, Apt. #, etc.
22
City & State
23 APOPKA, FL.
Zip
24 32703
Country
25 SEMINOLE

2a. Mailing Address
26 2916 QUINCY COURT
Suite, Apt. #, etc.
27
City & State
28 APOPKA, FL.
Zip
29 32703
Country
30 SEMINOLE

3. Date Incorporated or Qualified
01/20/1998

4. FEI Number
59-3534560

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
WALTER, MELVIN
2516 AMYRIS COURT
ZELLWOOD FL 32798

10. Name and Address of New Registered Agent
81 Name DONALD KLAFTER
82 Street Address (P.O. Box Number is Not Acceptable)
83 2916 QUINCY COURT
84 City APOPKA FL 85 Zip Code 32703

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Donald Klafter DONALD KLAFTER, PRESIDENT 4-21-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE
NAME	WALTER, MELVIN	1.2 NAME
STREET ADDRESS	2516 AMYRIS COURT	1.3 STREET ADDRESS
CITY-ST-ZIP	ZELLWOOD FL 32798	1.4 CITY-ST-ZIP
TITLE	VTD	2.1 TITLE
NAME	WOOD, DEAN	2.2 NAME
STREET ADDRESS	2350 RANDELL ROAD	2.3 STREET ADDRESS
CITY-ST-ZIP	WINTER PARK FL 32798	2.4 CITY-ST-ZIP
TITLE		3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

<input checked="" type="checkbox"/> DELETE	P	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		KLAFTER, DONALD	
		2916 QUINCY COURT	
		APOPKA, FL. 32703	
<input checked="" type="checkbox"/> DELETE	T	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		CHARLEBOIS, RAY	
		801 WINDY PLACE #205	
		ALTAMONTE SPRINGS, FL. 32714	
<input type="checkbox"/> DELETE	S	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		ISRAELSON, DEBBIE	
		355 BEASER ROAD	
		OSTEAN, FL. 32764	
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: Donald Klafter DONALD KLAFTER 4-21-99 (407)869-7542
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)

05/21/98