FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S77030** **(2)**

1. Corporation Name

608 CENTRAL BOULEVARD DEVELOPERS, INC.

Principal Place of Business	Mailing Address
608 EAST CENTRAL BLVD. ORLANDO FL 32801	608 EAST CENTRAL BLVD. ORLANDO FL 32801

3. Date Incorporated or Qualified: **08/30/1991**
3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business	2a. Mailing Address
21 1017 E South Street	26 1017 E South Street
Suite, Apt. #, etc. 22 Suite B	Suite, Apt. #, etc. 27 Suite B
City & State 23 Orlando FL	City & State 28 Orlando Fl
Zip 24 32801 Country 25 Orange	Zip 29 32801 Country 30 Orange

4. FEI Number: **59-3084161** ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RUSSELL, GARY
608 EAST CENTRAL BLVD.
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Hill, Carey L.
82 Street Address (P.O. Box Number is Not Acceptable): 1017 E South Street
83: Suite B
84 City: Orlando **FL** 85 Zip Code: 32801

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: [signature] Carey L. Hill 4/24/96
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	DV	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, GARY		1.2 NAME		
STREET ADDRESS	608 EAST CENTRAL BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	HILL, CAREY L.		2.2 NAME		
STREET ADDRESS	608 EAST CENTRAL BLVD.		2.3 STREET ADDRESS	1017 E South Street, Suite B	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando FL 32801	
TITLE	DS	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	SLEMONS, WILLIAM M. III		3.2 NAME		
STREET ADDRESS	608 EAST CENTRAL BLVD.		3.3 STREET ADDRESS	1017 E South Street, Suite B	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Orlando FL 32801	
TITLE	DT	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	CASEY, DENNIS J.		4.2 NAME		
STREET ADDRESS	608 EAST CENTRAL BLVD.		4.3 STREET ADDRESS	1017 E South Street, Suite B	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Orlando FL 32801	
TITLE	DV	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	MYLREA, BRUCE W.		5.2 NAME		
STREET ADDRESS	608 EAST CENTRAL BLVD.		5.3 STREET ADDRESS	1017 E South Street, Suite B	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	Orlando FL 32801	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] 4/24/96 407-895-5578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #