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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 379631 (5)
1. Corporation Name
CENTRAL FLORIDA TRI-M CORPORATION



Principal Place of Business Mailing Address
43 N. WESTMORELAND ORLANDO FL 32805 43 N. WESTMORELAND ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1971	
21		26		4. FEI Number 59-1354390	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MASZY, JOHN L. 43 N.WESTMORELAND DRIVE ORLANDO FL 32805				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code FL

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, 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	D	1.1 TITLE	
NAME	MASZY, STEPHEN	1.2 NAME	
STREET ADDRESS	10984 GOTH RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	GOtha FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	MASZY, JOHN L	2.2 NAME	
STREET ADDRESS	1105 MAIN ST., P.O. BOX 855 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE, FL 00000 34786	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	MASZY, SANDRA H.	3.2 NAME	
STREET ADDRESS	1105 MAIN ST., P.O. BOX 855 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL 34786	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	

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.

SIGNATURE:

JOHN L. MASZY/ PD 15APRIL 98 407 422 6226

CR2E034 (10/97)