

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Candice H. Northington  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 394096**

**(2)**

1. Corporation Name

**CENTRAL FLORIDA INVESTMENTS, INC.**

**300001486233**

**-05/12/95--01095--005**

**\*\*\*\*\*155.00 \*\*\*\*\*155.00**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

5601 WINDHOVER DRIVE  
ORLANDO FL 32819-7905

Mailing Address

5601 WINDHOVER DRIVE  
ORLANDO FL 32819-7905

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

25 Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

MARDER, MICHAEL  
100 W. CYPRESS CREEK RD., SUITE 700  
FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified

12/17/1971

3a. Date of Last Report

05/01/1994

4. If Mailed

59-1454503

Agent Fee

Not Applicable

5. Certificate of Status Desired

☐

\$0.75 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 Fla. Stat. 190.032,  
Florida Statutes

☐ Yes ☒ No

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 607.0502 and 607.1500, Florida Statutes, the above-named corporation ratifies 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 607.0501, Florida Statutes.

SIGNATURE

Signature, name and address of registered agent (print and type name and address)

Signature, name and address of registered agent (print and type name and address)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS                     | CITY-ST-ZIP |
|-------|-------------------|------------------------------------|-------------|
| PD    | SIEGEL, DAVID A.  | 5601 WINDHOVER DRIVE<br>ORLANDO FL |             |
| STD   | SIEGEL, BETTIE L. | 5601 WINDHOVER DR.<br>ORLANDO FL   |             |
|       |                   |                                    |             |
|       |                   |                                    |             |
|       |                   |                                    |             |
|       |                   |                                    |             |
|       |                   |                                    |             |
|       |                   |                                    |             |
|       |                   |                                    |             |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE    | NAME    | STREET ADDRESS    | CITY-ST-ZIP    | Change | Addition |
|----------|---------|-------------------|----------------|--------|----------|
| 14 TITLE | 15 NAME | 16 STREET ADDRESS | 17 CITY-ST-ZIP |        |          |
| 18 TITLE | 19 NAME | 20 STREET ADDRESS | 21 CITY-ST-ZIP |        |          |
| 22 TITLE | 23 NAME | 24 STREET ADDRESS | 25 CITY-ST-ZIP |        |          |
| 26 TITLE | 27 NAME | 28 STREET ADDRESS | 29 CITY-ST-ZIP |        |          |
| 30 TITLE | 31 NAME | 32 STREET ADDRESS | 33 CITY-ST-ZIP |        |          |
| 34 TITLE | 35 NAME | 36 STREET ADDRESS | 37 CITY-ST-ZIP |        |          |
| 38 TITLE | 39 NAME | 40 STREET ADDRESS | 41 CITY-ST-ZIP |        |          |
| 42 TITLE | 43 NAME | 44 STREET ADDRESS | 45 CITY-ST-ZIP |        |          |
| 46 TITLE | 47 NAME | 48 STREET ADDRESS | 49 CITY-ST-ZIP |        |          |
| 50 TITLE | 51 NAME | 52 STREET ADDRESS | 53 CITY-ST-ZIP |        |          |
| 54 TITLE | 55 NAME | 56 STREET ADDRESS | 57 CITY-ST-ZIP |        |          |
| 58 TITLE | 59 NAME | 60 STREET ADDRESS | 61 CITY-ST-ZIP |        |          |
| 62 TITLE | 63 NAME | 64 STREET ADDRESS | 65 CITY-ST-ZIP |        |          |

**300001486233**

**-05/12/95--01095--006**

**\*\*\*\*\*8.75 \*\*\*\*\*8.75**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct to the best of my knowledge and belief. 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

David A. Siegel, President 4/28/95 (407) 351-3350